



## Section 1 - LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

1. During the 4-month period outlined on this calendar, that is, from (4 months ago) through (Last month), did . . . have a job or business, either full time or part time, even for only a few days?

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes - Mark "Worked" (code 170) on ISS and SKIP to 4  
2 ☐ No

- 2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?

1002

- 1 ☐ Yes  
2 ☐ No - SKIP to 3a

- b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could . . . have taken a job during any of those weeks if one had been offered?

1042

- 1 ☐ Yes - SKIP to 3a  
2 ☐ No

- d. What was the main reason . . . could not take a job during those weeks?

Mark (X) only one.

1044

- 1 ☐ Already had a job  
2 ☐ Temporary illness  
3 ☐ School  
4 ☐ Other - Specify

- 3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?

1046

- 1 ☐ Yes - Mark "55" on ISS  
2 ☐ No - SKIP to Check Item R2

- b. In which of the months shown on this calendar did . . . do that work?

Mark (X) all that apply.

1048

- 1 ☐ Last month

1050

- 2 ☐ 2 months ago

1052

- 3 ☐ 3 months ago

1054

- 4 ☐ 4 months ago

CHECK  
ITEM R2

Refer to item 2a above.

Did . . . spend any time looking for work or on layoff from a job?

1055

- 1 ☐ Yes - SKIP to 9a, page 4  
2 ☐ No - SKIP to Check Item R6, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?

Note that the person did **not** have to **work** each week.

1056

- 1 ☐ Yes  
2 ☐ No - SKIP to 6a

- 5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?

1058

- 1 ☐ Yes  
2 ☐ No - SKIP to 8a, page 4

- b. (Please look at the calendar.) In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?

Mark (X) only one.

1098

- 1 ☐ On layoff  
2 ☐ Own illness  
3 ☐ On vacation  
4 ☐ Bad weather  
5 ☐ Labor dispute  
6 ☐ New job to begin within 30 days  
7 ☐ Other - Specify

SKIP  
to  
8a,  
page  
4

NOTES

# Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13
1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14
1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15
1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16
1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17
1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18

b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?

1136	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No - SKIP to 7a

c. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar?

Mark (X) all that apply.

1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13
1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14
1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15
1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16
1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17
1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18

d. What was the main reason ... was absent from ...'s job or business during those weeks?

Mark (X) only one.

1174	1 <input type="checkbox"/> On layoff
	2 <input type="checkbox"/> Own illness
	3 <input type="checkbox"/> On vacation
	4 <input type="checkbox"/> Bad weather
	5 <input type="checkbox"/> Labor dispute
	6 <input type="checkbox"/> New job to begin within 30 days
	7 <input type="checkbox"/> Other - Specify <u>      </u>

7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks, did ... spend any time looking for work or on layoff?

1176	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No - SKIP to 7e

b. In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1178	x5 <input type="checkbox"/> All weeks without a job				
1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7	1204	<input type="checkbox"/> 13
1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8	1206	<input type="checkbox"/> 14
1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9	1208	<input type="checkbox"/> 15
1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10	1210	<input type="checkbox"/> 16
1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11	1212	<input type="checkbox"/> 17
1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18

c. Could ... have taken a job during those weeks if one had been offered?

1216	1 <input type="checkbox"/> Yes - SKIP to 7e
	2 <input type="checkbox"/> No

d. What was the main reason ... could not take a job during those weeks?

Mark (X) only one.

1218	1 <input type="checkbox"/> Already had a job
	2 <input type="checkbox"/> Temporary illness
	3 <input type="checkbox"/> School
	4 <input type="checkbox"/> Other - Specify <u>      </u>

e. During the weeks that ... did not have a job, did ... do any work at all that earned some money?

1220	1 <input type="checkbox"/> Yes - Mark "55" on ISS
	2 <input type="checkbox"/> No - SKIP to 8a, page 4

f. In which of the months shown on this calendar did ... do that work?

Mark (X) all that apply.

1222	1 <input type="checkbox"/> Last month
1224	2 <input type="checkbox"/> 2 months ago
1226	3 <input type="checkbox"/> 3 months ago
1228	4 <input type="checkbox"/> 4 months ago

NOTES

## Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<b>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</b>		<b>1230</b> <input type="text"/> <input type="text"/> Hours per week X3 <input type="checkbox"/> None } <i>SKIP to Check Item R4</i> X1 <input type="checkbox"/> DK
<b>CHECK ITEM R3</b> Refer to item 8a. Did . . . usually work 35 or more hours per week?		<b>1231</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8c</i>
<b>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.</b>		<b>1232</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i>
<b>c. How many weeks did . . . work fewer than 35 hours in the months of</b> (Read each month)?	<b>1233</b> <b>1234</b> <b>1235</b> <b>1236</b> <b>1237</b>	X5 <input type="checkbox"/> All weeks <input type="checkbox"/> Weeks last month <input type="checkbox"/> Weeks 2 months ago <input type="checkbox"/> Weeks 3 months ago <input type="checkbox"/> Weeks 4 months ago
<b>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</b> <i>Mark (X) only one.</i>		<b>1238</b> 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other – <i>Specify</i> <u>      </u>
<b>CHECK ITEM R4</b> Refer to item 5a, page 2. (Absent without pay any full weeks.) The response to item 5a is:		<b>1239</b> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i>
<b>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</b>		<b>1240</b> 1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i>
<b>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</b>		<b>1242</b> 1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R5</b> Is "Worked" (code 170) marked on the ISS?		<b>1244</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R6</i>
<b>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</b>		<b>1246</b> 1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R6</b> Refer to cc items 44–47. Was an interview obtained for . . . last reference period?		<b>1248</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R11, page 6</i>
<b>CHECK ITEM R7</b> Refer to item 11b, page 5. Are any income types listed in the Income Roster?		<b>1250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12a</i>
NOTES		

## Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

**11a. According to the information we obtained last time, . . . had received**  
(Read income types in item 11b, column (2)) **during (8 months ago) through**  
(5 months ago).

**At any time during the past 4 months, that is** \_\_\_\_\_, **and** \_\_\_\_\_, **did . . . get income from** (Read income  
types in item 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME  
TYPE LISTED.

**c. If "No" in column (4) - In  
which month did . . .  
last receive** (Read  
income type)?

**Note** - The month entered  
in 11c must be within the  
previous reference period.  
Otherwise, if last received  
in a month within the  
reference period, change  
the entry in column (4) to  
"Yes" and mark ISS.

**b. INCOME ROSTER (ISS CODES 1-56)**

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
<b>1</b>		1252 <span style="border: 1px solid black; padding: 2px;">  </span>	1254 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1255 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received
<b>2</b>		1256 <span style="border: 1px solid black; padding: 2px;">  </span>	1258 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1259 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received
<b>3</b>		1260 <span style="border: 1px solid black; padding: 2px;">  </span>	1262 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1263 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received
<b>4</b>		1264 <span style="border: 1px solid black; padding: 2px;">  </span>	1266 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1267 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received
<b>5</b>		1268 <span style="border: 1px solid black; padding: 2px;">  </span>	1270 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1271 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received
<b>6</b>		1272 <span style="border: 1px solid black; padding: 2px;">  </span>	1274 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1275 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received
<b>7</b>		1276 <span style="border: 1px solid black; padding: 2px;">  </span>	1278 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1279 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received
<b>8</b>		1280 <span style="border: 1px solid black; padding: 2px;">  </span>	1282 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1283 <span style="border: 1px solid black; padding: 2px;">  </span> Month last rec'd x3 <input type="checkbox"/> Never received

**12a. At any time during this 4-month  
period, did . . . get any income  
from the Federal Government  
(that we haven't talked about)?**

1284 1 ☐ Yes  
2 ☐ No - SKIP to 13a

**b. What was it called?**

**Anything else?**

Mark (X) all that apply.

1286 1 ☐ Social Security - Mark "1" on ISS  
1288 2 ☐ Federal Supplemental Security Income (Federal SSI) -  
Mark "3" on ISS  
1290 3 ☐ A serviceman's or widow's pension from the Department of  
Veterans Affairs (VA) - Mark "8" on ISS  
1292 4 ☐ Anything else - Mark appropriate code on ISS and specify     
1294   

**13a. At any time during this 4-month  
period, did . . . receive any (other)  
pension, disability, retirement, or  
survivor income (that we haven't  
talked about)?**

1296 1 ☐ Yes  
2 ☐ No - SKIP to Check Item R8

**b. What was the source of this  
income?**

**Anything else?**

Mark (X) all that apply.

1298 1 ☐ U.S. Government Railroad Retirement - Mark "2" on ISS  
1300 2 ☐ Black Lung payments - Mark "9" on ISS  
1302 3 ☐ Workers' Compensation - Mark "10" on ISS  
1304 4 ☐ Payments from a sickness, accident or disability insurance  
policy purchased on your own - Mark "13" on ISS  
1306 5 ☐ Pension from company or union (including income from  
profit-sharing plans) - Mark "30" on ISS plans  
1308 6 ☐ Federal Civil Service or other Federal civilian employee  
pension - Mark "31" on ISS  
1310 7 ☐ U.S. Military retirement pay (exclude payments from the  
Department of Veterans Affairs (VA)) - Mark "32" on ISS  
1312 8 ☐ National Guard or Reserve Forces retirement - Mark "33"  
on ISS  
1314 9 ☐ State government pension - Mark "34" on ISS  
1316 10 ☐ Local government pension - Mark "35" on ISS  
1318 11 ☐ Income from paid-up life insurance policies or annuities -  
Mark "36" on ISS  
1320 12 ☐ Other or DK - Specify and enter code from income source list.  
If income type is not listed or "DK," enter code "38"    - Mark ISS  
1322   

**CHECK  
ITEM R8**

Refer to cc item 47.  
Is "Medicare" (code 172)  
marked for . . .?

1324 1 ☐ Yes - Mark "172" on ISS and SKIP to Check Item R23, page 8  
2 ☐ No

# Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R9</b>	Refer to cc item 47. Is "Disabled" (code 171) marked for . . . ?	<b>1326</b>	1 <input type="checkbox"/> Yes – Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b>	Refer to cc item 24. Is . . . 65 years of age or older?	<b>1328</b>	1 <input type="checkbox"/> Yes – SKIP to 23a, page 8 2 <input type="checkbox"/> No – SKIP to Check Item R23, page 8
<b>CHECK ITEM R11</b>	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	<b>1330</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R12
<b>14a. How long did . . . serve on active duty in the Armed Forces?</b>		<b>1332</b>	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years X1 <input type="checkbox"/> DK
<b>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</b>		<b>1334</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 14d
<b>c. What is . . . 's VA percent disability rating?</b> Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		<b>1336</b>	<div> <input type="text"/> <input type="text"/> <input type="text"/> Percent         </div> <div>           X3 <input type="checkbox"/> 0%            X1 <input type="checkbox"/> DK            X2 <input type="checkbox"/> Ref.            101 <input type="checkbox"/> No rating         </div> <div>           Mark "200" on ISS if rating is 100%; otherwise, mark "201"         </div>
<b>d. During this 4-month period, did . . . receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</b>		<b>1338</b>	1 <input type="checkbox"/> Yes – Mark "8" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R12</b>	Refer to cc item 24. Is . . . 18 years of age or older?	<b>1340</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a
<b>15a. During this 4-month period, did . . . receive any Social Security payments?</b>		<b>1342</b>	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R14
<b>b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) – Mark (X) only one.</b>		<b>1344</b>	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason X1 <input type="checkbox"/> DK
<b>c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</b>		<b>1346</b>	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason X1 <input type="checkbox"/> DK
<b>CHECK ITEM R13</b>	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	<b>1348</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
<b>15d. At what age did . . . begin receiving Social Security because of (his/her) disability?</b>		<b>1349</b>	<div> <input type="text"/> <input type="text"/> Age in years         </div> <div>           X1 <input type="checkbox"/> DK            X2 <input type="checkbox"/> Ref.         </div> <div>           SKIP to 16a         </div>
<b>CHECK ITEM R14</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	<b>1350</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
<b>15e. During the 4-month period, did . . . receive any Social Security payments especially for . . . 's children (under 18)?</b>		<b>1352</b>	1 <input type="checkbox"/> Yes – Mark "1" on ISS 2 <input type="checkbox"/> No
<b>16a. During this 4-month period, did . . . (or any of . . . 's children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?</b>		<b>1354</b>	1 <input type="checkbox"/> Yes – Mark "3" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R15
<b>b. Who received the SSI (Supplemental Security Income) payment?</b> Mark (X) only one.		<b>1355</b>	1 <input type="checkbox"/> Adult(s) 2 <input type="checkbox"/> Child(ren) 3 <input type="checkbox"/> Both adult(s) and child(ren)
<b>c. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b>		<b>1356</b>	1 <input type="checkbox"/> Yes – Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Refer to cc item 24. Is . . . 40 years of age or older?	<b>1358</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a

## Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<b>17a. Has . . . ever retired from a job or business?</b> (Include retirement from the military.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1360</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R16</i>
<b>b. During the 4-month period, did . . . receive any retirement income other than Social Security?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1362</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17d</i>
<b>c. What kind of retirement income?</b> <b>Anything else?</b> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1364</div> 1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1366</div> 2 <input type="checkbox"/> Pension from company or union (including income from profit sharing plans) – <i>Mark "30" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1368</div> 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1370</div> 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1372</div> 5 <input type="checkbox"/> National Guard or Reserve Forces retirement – <i>Mark "33" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1374</div> 6 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1376</div> 7 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1378</div> 8 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1380</div> <span style="border: 1px solid black; padding: 0 10px;">  </span>
<b>d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1382</div> 1 <input type="checkbox"/> Yes – <i>Mark "36" on ISS</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM R16</b> <i>Refer to cc item 24.</i> Is . . . 70 years of age or older?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1384</div> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item R17</i> 2 <input type="checkbox"/> No
<b>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1386</div> 1 <input type="checkbox"/> Yes – <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R17</i>
<b>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1388</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R17</i>
<b>c. What kind of income?</b> <b>Anything else?</b> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1390</div> 1 <input type="checkbox"/> U.S. Government Railroad Retirement – <i>Mark "2" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1392</div> 2 <input type="checkbox"/> Black Lung payments – <i>Mark "9" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1394</div> 3 <input type="checkbox"/> Workers' Compensation – <i>Mark "10" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1396</div> 4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – <i>Mark "13" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1398</div> 5 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – <i>Mark "30" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1400</div> 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – <i>Mark "31" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1402</div> 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – <i>Mark "32" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1406</div> 8 <input type="checkbox"/> State government pension – <i>Mark "34" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1408</div> 9 <input type="checkbox"/> Local government pension – <i>Mark "35" on ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1410</div> 10 <input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" – Mark ISS</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1412</div> <span style="border: 1px solid black; padding: 0 10px;">  </span>
<b>CHECK ITEM R17</b> <i>Refer to cc item 26a.</i> What is . . . 's marital status?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1414</div> 1 <input type="checkbox"/> Married – <i>SKIP to 20</i> 2 <input type="checkbox"/> Widowed – <i>SKIP to 22a</i> 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – <i>SKIP to Check Item R18</i>
<b>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1416</div> 1 <input type="checkbox"/> Yes – <i>Mark "29" on ISS and SKIP to Check Item R18</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to Check Item R18</i>
<b>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</b> <i>If "Yes," mark previous marital status.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1418</div> 1 <input type="checkbox"/> Widowed – <i>SKIP to 22a</i> 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – <i>SKIP to Check Item R21</i>

## Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<b>27a. Was . . . covered by a health insurance plan at any time during the past 4 months?</b> (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)	<b>1536</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R30</i>
<i>ASK OR VERIFY</i>		
<b>b. Was . . . covered by a health insurance plan during the entire 4-month period?</b>	<b>1538</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 27d</i> 2 <input type="checkbox"/> No
<b>c. In which months was . . . covered?</b> <i>Mark (X) all that apply.</i>	<b>1540</b> <b>1542</b> <b>1544</b> <b>1546</b>	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
<b>d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</b>	<b>1547</b>	1 <input type="checkbox"/> Plan in own name – <i>SKIP to 27f</i> 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both – <i>SKIP to 27f</i>
<b>e. Whose plan covered . . . ?</b>	<b>1548</b>	Household member Person No.      Name <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> x4 <input type="checkbox"/> Not a Household member
<b>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</b>	<b>1549</b>	1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</b>	<b>1550</b>	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None
<b>h. Was . . . 's plan an individual plan or a family plan?</b>	<b>1552</b>	1 <input type="checkbox"/> Individual – <i>SKIP to Check Item R30</i> 2 <input type="checkbox"/> Family
<b>i. Other than . . . , which persons in this household were covered by . . . 's plan?</b> (Include children as well as adults.)	<b>1554</b> <b>1556</b> <b>1558</b> <b>1560</b> <b>1562</b> <b>1564</b> <b>1566</b>	x5 <input type="checkbox"/> All persons Person No.      Name <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div> x3 <input type="checkbox"/> None
<b>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months?</b> <i>Mark (X) all that apply.</i> <i>If "Yes," "Who did the plan cover?"</i>	<b>1567</b> <b>1568</b> <b>1569</b> <b>1570</b>	1 <input type="checkbox"/> Yes, spouse 2 <input type="checkbox"/> Yes, child(ren) 3 <input type="checkbox"/> Yes, someone else 4 <input type="checkbox"/> No

NOTES



Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK  
ITEM R30

Refer to cc items 24 and 27.  
Is . . . the designated parent or guardian of  
children under 15 years old who live in this  
household?

1572

- 1 ☐ Yes  
2 ☐ No – SKIP to Check Item R31, page 12

ASK OR VERIFY –

27k. Were all of . . . 's children under 15 years old  
covered by a health insurance plan?  
(Include CHAMPUS, CHAMPVA, and military  
plans.)  
(Exclude Medicare, Medicaid, and plans paying  
benefits only for accidents or specific  
diseases.)

1574

- 1 ☐ Yes – SKIP to 27m  
2 ☐ No

I. Which children were covered by a health  
insurance plan?

1575

Person No. Name  
☐ ☐ ☐ ☐

1576

☐ ☐ ☐ ☐

1577

☐ ☐ ☐ ☐

1578

☐ ☐ ☐ ☐

1579

☐ ☐ ☐ ☐

OR

1580

- x3 ☐ None – SKIP to Check Item R31, page 12

m. Were any of these children covered by the plan  
of someone who did not live in the household  
during the past 4 months?

1581

- 1 ☐ Yes – Which children?

1582

Person No. Name  
☐ ☐ ☐ ☐

1583

☐ ☐ ☐ ☐

1584

☐ ☐ ☐ ☐

1585

☐ ☐ ☐ ☐

1586

☐ ☐ ☐ ☐

1587

- 2 ☐ No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK  
ITEM R31

Refer to item 28b  
Are any assets listed in the Asset Roster?

1588

- 1 ☐ Yes  
2 ☐ No – SKIP to 29a

28a. According to the information we obtained last time, . . . had (Read asset types in item 28b, column (2)) during (8 months ago) through (5 months ago).

At any time during the past 4 months, that is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, did . . . still own (have) (Read asset types in item 28b, column (2))? (Exclude IRA, Keogh, and 401K accounts.)

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

b. ASSET ROSTER (ISS CODES 100–150, 174)

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)
1		1590 <input type="text"/>	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
2		1594 <input type="text"/>	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
3		1598 <input type="text"/>	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
4		1602 <input type="text"/>	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
5		1606 <input type="text"/>	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
6		1610 <input type="text"/>	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
7		1614 <input type="text"/>	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
8		1618 <input type="text"/>	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No

(SHOW FLASHCARD N)

29a. (In addition to the assets we have already mentioned) At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (Exclude assets held in IRA, Keogh, and 401K accounts.)

1622

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref. } SKIP to 30a

b. Which kinds of these assets did . . . own?  
Any others?  
(Exclude IRA, Keogh, and 401K accounts.)

1626

1 ☐ Regular or passbook savings accounts – Mark "100" on ISS

1628

2 ☐ Money market deposit accounts – Mark "101" on ISS

1630

3 ☐ Certificates of deposit or other savings certificates – Mark "102" on ISS

1632

4 ☐ Interest-earning checking accounts (such as NOW or Super NOW accounts) – Mark "103" on ISS

1636

5 ☐ Money market funds – Mark "104" on ISS

1638

6 ☐ U.S. Government securities – Mark "105" on ISS

1640

7 ☐ Municipal or corporate bonds – Mark "106" on ISS

1642

8 ☐ Mortgages – Mark "130" on ISS

1644

9 ☐ U.S. Saving Bonds (E, EE) – Mark "174" on ISS

1646

10 ☐ Other interest-earning assets – Mark "107" on ISS and specify ☐

1648

11 ☐ Stocks or mutual fund shares – Mark "110" on ISS

1650

12 ☐ Rental property – Mark "120" on ISS

1652

13 ☐ Royalties – Mark "140" on ISS

1654

14 ☐ Other financial investments – Mark "150" on ISS and specify ☐

# Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<b>30a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b>	<b>1656</b> 1 <input type="checkbox"/> Yes, full time 2 <input type="checkbox"/> Yes, part time 3 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i>
<b>b. During which months was . . . enrolled?</b> <i>Mark (X) all that apply.</i>	<b>1658</b> 1 <input type="checkbox"/> All months <b>1660</b> 2 <input type="checkbox"/> Last month <b>1662</b> 3 <input type="checkbox"/> 2 months ago <b>1664</b> 4 <input type="checkbox"/> 3 months ago <b>1666</b> 5 <input type="checkbox"/> 4 months ago
<b>c. At what level or grade was . . . enrolled?</b> <i>(If enrolled at more than one level during this period, check most recent level.)</i>	<b>1668</b> 1 <input type="checkbox"/> Elementary grades 1–8 } <i>SKIP to Check Item R32</i> 2 <input type="checkbox"/> High school grades 9–12 } 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school
<b>31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</b>	<b>1670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i>
<b>b. What kind of educational assistance did . . . receive? Anything else?</b> <i>Mark (X) all that apply.</i>	<b>1672</b> 1 <input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i> <b>1674</b> 2 <input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i> <b>1676</b> 3 <input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i> <b>1678</b> 4 <input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i> <b>1680</b> 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i> <b>1682</b> 6 <input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i> <b>1684</b> 7 <input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – <i>Mark "179" on ISS</i> <b>1686</b> 8 <input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Student (SLS) – <i>Mark "180" on ISS</i> <b>1688</b> 9 <input type="checkbox"/> Assistance from . . . 's employer – <i>Mark "181" on ISS</i> <b>1690</b> 10 <input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i> <b>1692</b> 11 <input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>
<b>CHECK ITEM R32</b> <i>Refer to cc item 26a.</i> Is code 2 (married, spouse absent) the current entry?	<b>1694</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R33</i>
<b>ASK OR VERIFY –</b> <b>32. Is . . . 's spouse in the Armed Forces?</b>	<b>1696</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM R33</b> Are any codes (excluding codes 171–173, 200–201) marked on the ISS?	<b>1698</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 34a</i>
<b>33a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?</b>	<b>1700</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Probe and resolve (Make corrections to ISS if necessary)</i>
<b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?</b>	<b>1702</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 34b</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 15</i>
<b>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?</b>	<b>1704</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 53</i>
<b>b. What kind of income did . . . receive? Anything else?</b>	<i>Enter codes from income source list and mark ISS.</i> <b>1706</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>1708</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>1710</b> <input type="text"/> <input type="text"/> <input type="text"/>

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT

<b>CHECK ITEM E1</b>	Is "Worked" (code 170) marked on ISS?	<b>1712</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 53
<b>1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?</b>  (Include unpaid worker in family business or farm as working for an employer.)		<b>1714</b>	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – SKIP to Statement B, page 20 3 <input type="checkbox"/> Both worked for employer and self-employed
<b>b. How many different employers did . . . work for during this 4-month period?</b>		<b>1716</b>	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
<b>CHECK ITEM E2</b>	Refer to item 1a above. Is "Both worked for employer and self-employed" (box 3) marked?	<b>1718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a, page 16

<b>STATEMENT A</b>	. . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.
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NOTES

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

## Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

<b>2a. What is the name of the employer for whom ... worked during this 4-month period?</b> (If ... worked for 2 employers, enter one employer here and the other in part A2, page 18. If ... worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom ... worked the most hours.)	PGM 8 2000	Employer name
<b>CHECK ITEM E3</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8 2002	Employer I.D. No.
<b>CHECK ITEM E3.1</b> Is the previous wave box marked for this employer in cc item 42?	PGM 8 2003	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2c
<b>2b. Have ...'s main activities or duties for this employer changed during the past 8 months?</b>	PGM 8 2004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a
<b>c. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8 2005	
<b>ASK OR VERIFY –</b> <b>d. Is it mainly –</b>	PGM 8 2006	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
<b>e. What kind of work was ... doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2008	
<b>f. What were ...'s main activities or duties on this job?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2010	
<b>ASK OR VERIFY –</b> <b>g. Was ... an employee of –</b>	PGM 8 2012	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?
<b>ASK OR VERIFY –</b> <b>3a. Was ... employed by (Name of employer) during the entire 4-month period?</b>	PGM 7 2014	1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No
<b>b. When was ... employed by (Name of employer) during this 4-month period?</b>	2016 2020	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
<b>CHECK ITEM E3.2</b> Did ... stop working for this employer during the reference period?	2023	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4
<b>3c. What is the main reason ... stopped working for (Name of employer)?</b> Mark (X) only one.	2024	1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason
<b>ASK OR VERIFY –</b> <b>4. How many hours per week did ... usually work at this job?</b>	2025	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>5. Was ... paid by the hour on this job?</b>	2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a
<b>6. What was ...'s regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b>	2028	\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 9a
<b>7a. During the 4-month period, how often was ... paid on this job?</b>	2029	1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E5 6 <input type="checkbox"/> Some other way – Specify <input type="text"/>
<b>b. On what date was ... last paid during this 4-month period?</b>	2030 2031	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part A1 – EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

#### 8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received **BEFORE** deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)



#### LAST MONTH

2032

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

#### FIELD REPRESENTATIVE USE ONLY

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

#### 2 MONTHS AGO

2034

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

#### 3 MONTHS AGO

2036

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

#### 4 MONTHS AGO

2038

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

#### CHECK ITEM E4

Is "DK" marked in all parts of item 8a?

2040

1 ☐ Yes

2 ☐ No – SKIP to 8c

8b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2042

1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3a

2 ☐ No

9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2044

1 ☐ Yes – SKIP to Check Item E5

2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2046

1 ☐ Yes

2 ☐ No

#### CHECK ITEM E5

Number of employers in item 1b, page 15?

2048

1 ☐ 1 employer – SKIP to Check Item E8, page 19

2 ☐ 2 or more employers

NOTES

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

<b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	<b>PGM 8</b> <b>2100</b>	Employer name _____
<b>CHECK ITEM E6</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	<b>PGM 8</b> <b>2102</b>	Employer I.D. No. _____
<b>CHECK ITEM E6.1</b> Is the previous wave box marked for this employer in cc item 42?	<b>PGM 8</b> <b>2103</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10c</i>
<b>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b>	<b>PGM 8</b> <b>2104</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11a</i>
<b>c. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<b>PGM 8</b> <b>2105</b>	_____
ASK OR VERIFY – <b>d. Is it mainly –</b>	<b>PGM 8</b> <b>2106</b>	1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
<b>e. What kind of work was . . . doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer.	<b>PGM 8</b> <b>2108</b>	_____
<b>f. What were . . . 's main activities or duties on this job?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	<b>PGM 8</b> <b>2110</b>	_____
ASK OR VERIFY – <b>g. Was . . . an employee of –</b>	<b>PGM 8</b> <b>2112</b>	1 <input type="checkbox"/> <b>A private for-profit company or individual?</b> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b> 3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 4 <input type="checkbox"/> <b>State government?</b> 5 <input type="checkbox"/> <b>Local government?</b> 6 <input type="checkbox"/> <b>Armed Forces?</b> 7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b>
ASK OR VERIFY – <b>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</b>	<b>PGM 7</b> <b>2114</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 12</i> 2 <input type="checkbox"/> No
<b>b. When was . . . employed by (Name of employer) during this 4-month period?</b>	<b>2116</b> <b>2120</b>	FROM <input type="text"/> <input type="text"/> Month <b>2118</b> <input type="text"/> <input type="text"/> Day TO <input type="text"/> <input type="text"/> Month <b>2122</b> <input type="text"/> <input type="text"/> Day
<b>CHECK ITEM E6.2</b> Did . . . stop working for this employer during the reference period?	<b>2123</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12</i>
<b>11c. What is the main reason . . . stopped working for (Name of employer)?</b> Mark (X) only one.	<b>2124</b>	1 <input type="checkbox"/> Laid off      4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired      5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged    6 <input type="checkbox"/> Quit for some other reason
ASK OR VERIFY – <b>12. How many hours per week did . . . usually work at this job?</b>	<b>2125</b>	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>13. Was . . . paid by the hour on this job?</b>	<b>2126</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a</i>
<b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b>	<b>2128</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 17a</i>
<b>15a. During the 4-month period, how often was . . . paid on this job?</b>	<b>2129</b>	1 <input type="checkbox"/> Once a week      6 <input type="checkbox"/> Some other way – 2 <input type="checkbox"/> Once each 2 weeks      Specify <input type="text"/> 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E8</i>
<b>b. On what date was . . . last paid during this 4-month period?</b>	<b>2130</b>	<input type="text"/> <input type="text"/> Month <b>2131</b> <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period



## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

#### 16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)



#### LAST MONTH

2132 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

#### FIELD REPRESENTATIVE USE ONLY

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### 2 MONTHS AGO

2134 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### 3 MONTHS AGO

2136 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### 4 MONTHS AGO

2138 \$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$  .00

\$  .00

\$  .00

\$  .00

\$  .00

Total \$  .00

#### CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

2140 1 ☐ Yes  
2 ☐ No – SKIP to 16c

16b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2142 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3b  
2 ☐ No

c. Counting all locations where this employer operates, what is the total number of persons who work for . . . 's employer?

(Read categories)

7992 1 ☐ Under 10  
2 ☐ 10–24  
3 ☐ 25–99  
4 ☐ 100–499  
5 ☐ 500–999  
6 ☐ 1000+

17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2144 1 ☐ Yes – SKIP to Check Item E8  
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2146 1 ☐ Yes  
2 ☐ No

#### CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?

2148 1 ☐ Yes – Read Statement B, page 20  
2 ☐ No – SKIP to first ISS Code or Check Item P1, page 53

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

**STATEMENT B** → You said . . . was (also) self-employed during this 4-month period.

**1a. What was the name of . . . 's business/ professional practice/farm?**

(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8

Business name

2200

**CHECK ITEM S1**

Enter business ID number from cc item 43, or if a new business, enter the next available ID number.

PGM 8

Business I.D. No.

2201

**CHECK ITEM S1.1**

Is the previous wave box marked for this business in cc item 43?

PGM 8

1 ☐ Yes

2 ☐ No – SKIP to 1c

2202

**1b. Have . . . 's main activities or duties for this business changed during the past 8 months?**

PGM 8

1 ☐ Yes

2 ☐ No – SKIP to 1g

2203

**c. What kind of business was this?**

PGM 8

2204

ASK OR VERIFY –

**d. Is it mainly –**

PGM 8

1 ☐ Manufacturing?

2 ☐ Wholesale Trade?

3 ☐ Retail Trade?

4 ☐ Some other kind of business?

2206

**e. What kind of work was . . . doing at this business?**

PGM 8

2208

**f. What were . . . 's most important activities or duties at this business?**

PGM 8

2210

ASK OR VERIFY –

**g. How many hours per week did . . . usually work at this business?**

PGM 7

2212

Hours

X3 ☐ None

X1 ☐ DK

**2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?**

Gross earnings include sales and receipts before expenses.

2214

1 ☐ Yes

2 ☐ No – SKIP to 10

X1 ☐ DK

**CHECK ITEM S2**

Have questions 3–5b already been answered for this business by another household member?

2216

1 ☐ Yes – SKIP to 6a

2 ☐ No

**3. What was the total number of employees working for this business? Be sure to include . . .**

Enter 999 if 1,000 or more employees.

2218

Employees

X1 ☐ DK

**4a. Was . . . 's business incorporated?**

2220

1 ☐ Yes – SKIP to 5a

2 ☐ No

**b. Was . . . 's business a sole proprietorship or a partnership?**

2222

1 ☐ Sole proprietorship – SKIP to 6a

2 ☐ Partnership

**5a. Aside from . . . were any other members of this household owners or partners in this business?**

2224

1 ☐ Yes

2 ☐ No – SKIP to 6a

**b. Which members?**

Person No. Name

2226

2228

2230

**6a. Was . . . paid a regular salary from this business during the 4-month period?**

2232

1 ☐ Yes

2 ☐ No

**b. Did . . . receive any (other) income from the business during this 4-month period?**

2234

1 ☐ Yes

2 ☐ No

**CHECK ITEM S3**

Is "Yes" marked in either item 6a or 6b?

2236

1 ☐ Yes

2 ☐ No – SKIP to Check Item S5

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

**7. READ STATEMENT ONLY ONCE PER RESPONDENT.**

**The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.**

**What was the total amount of income that . . . received from this business in (Read each month)?**

NOTE – Include total gross earnings before any deductions.



LAST MONTH		FIELD REPRESENTATIVE USE ONLY
2238	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 25px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 10px;">00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>x3 <input type="checkbox"/> None</span> <span>x1 <input type="checkbox"/> DK</span> <span>x2 <input type="checkbox"/> Ref.</span> </div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">Total \$ .00</div> </div> </div> </div></div></div>
2240	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 25px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 10px;">00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>x3 <input type="checkbox"/> None</span> <span>x1 <input type="checkbox"/> DK</span> <span>x2 <input type="checkbox"/> Ref.</span> </div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">Total \$ .00</div> </div> </div> </div></div></div>
2242	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 25px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 10px;">00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>x3 <input type="checkbox"/> None</span> <span>x1 <input type="checkbox"/> DK</span> <span>x2 <input type="checkbox"/> Ref.</span> </div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">Total \$ .00</div> </div> </div> </div></div></div>
2244	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 25px; margin-right: 5px;"></div> <div style="text-align: right; margin-right: 10px;">00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>x3 <input type="checkbox"/> None</span> <span>x1 <input type="checkbox"/> DK</span> <span>x2 <input type="checkbox"/> Ref.</span> </div> </div>	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">\$ .00</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="text-align: right;">Total \$ .00</div> </div> </div> </div></div></div>

**CHECK  
ITEM S4**

Is "DK" marked in all parts of item 7?

- 2246

1 ☐ Yes
2 ☐ No – SKIP to Check Item S5

**8. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

- 2248

1 ☐ Yes – Mark Reminder Card and Callback Summary, Item 4a
2 ☐ No

**CHECK  
ITEM S5**

Refer to item 4a, page 20.

Is this business incorporated?

- 2250

1 ☐ Yes – SKIP to 11
2 ☐ No

**CHECK  
ITEM S6**

Has information about the net profit (or loss) for this business already been obtained from another household member?

- 2252

1 ☐ Yes – SKIP to 11
2 ☐ No

**9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?**

- 2254

1 ☐ Yes
2 ☐ No – SKIP to 11

**b. What was the net profit or loss?**

If "broke even," enter \$1 in box.

- 2256

00

}

SKIP to 11
- 2258

x4 ☐ Loss in amount box

**10. About how much did . . . earn from this business after expenses during the 4-month period?**

- 2260

00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

**11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?**

- 2262

1 ☐ Yes
2 ☐ No – SKIP to first ISS Code or Check Item P1, page 53

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

**12a. What was the name of ...'s other business/ professional practice/farm?**  
(If ... was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8

Business name

2300

**CHECK ITEM S7**

Enter business ID number from cc item 43, or if a new business, enter the next available ID number.

PGM 8

Business I.D. No.

2301

**CHECK ITEM S7.1**

Is the previous wave box marked for this business in cc item 43?

PGM 8

1 ☐ Yes

2 ☐ No – SKIP to 12c

2302

**12b. Have ...'s main activities or duties for this business changed during the past 8 months?**

PGM 8

1 ☐ Yes

2 ☐ No – SKIP to 12g

2303

**c. What kind of business was this?**

PGM 8

2304

ASK OR VERIFY –

**d. Is it mainly –**

PGM 8

1 ☐ **Manufacturing?**

2 ☐ **Wholesale Trade?**

3 ☐ **Retail Trade?**

4 ☐ **Some other kind of business?**

2306

**e. What kind of work was ... doing at this business?**

PGM 8

2308

**f. What were ...'s most important activities or duties at this business?**

PGM 8

2310

ASK OR VERIFY –

**g. How many hours per week did ... usually work at this business?**

PGM 7

2312

Hours

x3 ☐ None

x1 ☐ DK

**13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?**

2314

1 ☐ Yes

2 ☐ No – SKIP to 21

x1 ☐ DK

Gross earnings include sales and receipts before expenses.

**CHECK ITEM S8**

Have questions 14–16b already been answered for this business by another household member?

2316

1 ☐ Yes – SKIP to 17a

2 ☐ No

**14. What was the total number of employees working for this business? Be sure to include ....**

2318

Employees

x1 ☐ DK

Enter 999 if 1,000 or more employees.

**15a. Was ...'s business incorporated?**

2320

1 ☐ Yes – SKIP to 16a

2 ☐ No

**b. Was ...'s business a sole proprietorship or a partnership?**

2322

1 ☐ Sole proprietorship – SKIP to 17a

2 ☐ Partnership

**16a. Aside from ... were any other members of this household owners or partners in this business?**

2324

1 ☐ Yes

2 ☐ No – SKIP to 17a

**b. Which members?**

Person No. Name

2326

2328

2330

**17a. Was ... paid a regular salary from this business during the 4-month period?**

2332

1 ☐ Yes

2 ☐ No

**b. Did ... receive any (other) income from the business during this 4-month period?**

2334

1 ☐ Yes

2 ☐ No

**CHECK ITEM S9**

Is "Yes" marked in either item 17a or 17b?

2336

1 ☐ Yes

2 ☐ No – SKIP to Check Item S11

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

#### 18. READ STATEMENT ONLY ONCE PER RESPONDENT.

**The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.**

**What was the total amount of income that . . . received from this business in (Read each month)?**

NOTE – Include total gross earnings before any deductions.



LAST MONTH

2338

\$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE  
USE ONLY

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

2 MONTHS AGO

2340

\$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

3 MONTHS AGO

2342

\$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

4 MONTHS AGO

2344

\$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$ .00

\$ .00

\$ .00

\$ .00

Total \$ .00

#### CHECK ITEM S10

Is "DK" marked in all parts of item 18?

2346

1 ☐ Yes

2 ☐ No – SKIP to Check Item S11

**19. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)**

2348

1 ☐ Yes – Mark Reminder Card and Callback Summary, Item 4b

2 ☐ No

#### CHECK ITEM S11

Refer to item 15a, page 22.

Is this business incorporated?

2350

1 ☐ Yes – SKIP to first ISS Code or Check Item P1, page 53

2 ☐ No

#### CHECK ITEM S12

Has information about the net profit (or loss) for this business already been obtained from another household member?

2352

1 ☐ Yes – SKIP to first ISS Code or Check Item P1, page 53

2 ☐ No

**20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?**

2354

1 ☐ Yes

2 ☐ No – SKIP to first ISS Code or Check Item P1, page 53

**b. What was the net profit or loss?**

If "broke even," enter \$1 in box.

2356

\$  .  00

2358

x4 ☐ Loss in amount box

SKIP to first ISS Code or Check Item P1, page 53

**21. About how much did . . . earn from this business after expenses during the 4-month period?**

2360

\$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

SKIP to first ISS Code or Check Item P1, page 53

		<b>Section 3 – AMOUNTS</b>			
		<b>Part A – GENERAL AMOUNTS (ISS Codes 1–56)</b>			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code <b>3000</b>	Name of income type <div></div>		
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3002</b>	<div><input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 27 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 26 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</div>		
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<b>3004</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</div>		
<b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</b>		<b>3006</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</div>		
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3008</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a, page 26</div>		
<b>CHECK ITEM A3</b>	Refer to cc item 26a. Is . . . married?	<b>3010</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A4.1</div>		
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3012</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A4.1</div>		
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3014</b>	<div><input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 <input type="checkbox"/> No</div>		
<b>CHECK ITEM A4.1</b>	Refer to item 11b, page 5. Is this income source listed on the income roster?	<b>3015</b>	<div><input type="checkbox"/> Yes – ASK 5b <input type="checkbox"/> No – ASK 5a</div>		
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Social Security and SSI payments may be adjusted for inflation each January.		<b>5c. Some persons receive more than one payment per month for certain income types.</b>  ► For ISS codes 1 or 2 (SS or RR) read –  <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b>  ► For all other ISS codes read –  <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b>			
(Last month) . . . . .		<b>3016</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<b>3018</b>	<div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(2 months ago) . . . . .		<b>3020</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<b>3022</b>	<div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(3 months ago) . . . . .		<b>3024</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<b>3026</b>	<div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(4 months ago) . . . . .		<b>3028</b>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<b>3030</b>	<div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>

# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

### CHECK ITEM A5

Mark (X) income type code.

3032

- 1 ☐ ISS Code 1 or 2 - SKIP to Check Item A6.1  
2 ☐ ISS Code 8 or 20 through 24  
3 ☐ All other income codes - SKIP to next ISS Code or Check Item P1, page 53

6a. Were all the people living here covered by ...'s payments?

3034

- 1 ☐ Yes - SKIP to Check Item A6  
2 ☐ No

b. Which persons were covered?

3036

Person No. Name

3038

3040

3042

3044

3046

3048

3050

3052

3054

### CHECK ITEM A6

Is this ISS Code "8"?

3056

- 1 ☐ Yes  
2 ☐ No - SKIP to next ISS Code or Check Item P1, page 53

7a. What type of Veterans' payments did ... receive?

3058

- 1 ☐ Service-connected disability compensation  
2 ☐ Survivor benefits  
3 ☐ Veterans' pension  
4 ☐ Other Veterans' payments

b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?

3060

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 53

### CHECK ITEM A6.1

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?

3062

- 1 ☐ Yes - SKIP to Check Item A7  
2 ☐ No

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3064

- 1 ☐ Blue  
2 ☐ Buff  
3 ☐ Direct deposit  
4 ☐ Other  
X1 ☐ DK

b. Do ...'s payments usually come on the first of the month or the third?

3066

- 1 ☐ First  
2 ☐ Third  
3 ☐ Other  
X1 ☐ DK

### CHECK ITEM A7

Refer to item 2, page 24.

Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

3068

- 1 ☐ Yes  
2 ☐ No - SKIP to next ISS Code or Check Item P1, page 53

NOTES

AMOUNTS - PART A

# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3070** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**9b. If "Yes" in item 9a - How much was received?**

**3072** \$ ..... **00**  
X1 ☐ DK  
X2 ☐ Ref.

(2 months ago) .....

**3074** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**3076** \$ ..... **00**  
X1 ☐ DK  
X2 ☐ Ref.

(3 months ago) .....

**3078** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**3080** \$ ..... **00**  
X1 ☐ DK  
X2 ☐ Ref.

(4 months ago) .....

**3082** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**3084** \$ ..... **00**  
X1 ☐ DK  
X2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK -

**10a. Were all children living here covered by these payments?**

**3086** 1 ☐ Yes - SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

**b. Which children were covered?**

	Person No.	Name
<b>3088</b>		
<b>3090</b>		
<b>3092</b>		
<b>3094</b>		
<b>3096</b>		
<b>3098</b>		

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3100** 1 ☐ Yes - SKIP to Check Item A7.1  
2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
<b>3102</b>		
<b>3104</b>		
<b>3106</b>		
<b>3108</b>		
<b>3110</b>		
<b>3112</b>		
<b>3114</b>		
<b>3116</b>		

NOTES



# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

### CHECK ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3121

- 1 ☐ Yes - ASK 12b  
2 ☐ No - ASK 12a

**12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) . . . . .

3122

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**12c. If "Yes" in item 12b, ask - What was the total amount?**

3124

\$ . 00  
X1 ☐ DK  
X2 ☐ Ref.

(2 months ago) . . . . .

3126

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3128

\$ . 00  
X1 ☐ DK  
X2 ☐ Ref.

(3 months ago) . . . . .

3130

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3132

\$ . 00  
X1 ☐ DK  
X2 ☐ Ref.

(4 months ago) . . . . .

3134

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3136

\$ . 00  
X1 ☐ DK  
X2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

3138

- 1 ☐ Last month

3140

- 2 ☐ 2 months ago

3142

- 3 ☐ 3 months ago

3144

- 4 ☐ 4 months ago

**b. Which persons were covered?**

3146

Person No. Name

3148

3150

3152

3154

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

Section 3 - AMOUNTS			
Part A - GENERAL AMOUNTS (ISS Codes 1-56)			
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.  (Read "was authorized to receive" if asking about "Food Stamps" - code 27)		Income code 3200	Name of income type
CHECK ITEM A1	Mark (X) income type code.	3202	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 31 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 30 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	3204	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?		3206	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		3208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 30
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	3210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?		3212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	3214	1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No
CHECK ITEM A4.1	Refer to item 1 b, page 5. Is this income source listed on the income roster?	3215	1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?  Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.  b. Did . . . receive any (Read name of income type) in (Read each month)?  NOTE - Social Security and SSI payments may be adjusted for inflation each January.		5c. Some persons receive more than one payment per month for certain income types.  ► For ISS codes 1 or 2 (SS or RR) read -  How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.  ► For all other ISS codes read -  How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.	
(Last month)	3216	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3218 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3220	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3222 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3226 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3228	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3230 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

## Section 3 - AMOUNTS (Continued)

### Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK  
ITEM A5**

Mark (X) income type code.

3232

- 1 ☐ ISS Code 1 or 2 - *SKIP to Check Item A6.1*  
 2 ☐ ISS Code 8 or 20 through 24  
 3 ☐ All other income codes - *SKIP to next ISS Code or Check Item P1, page 53*

**6a. Were all the people living here covered by . . . 's payments?**

3234

- 1 ☐ Yes - *SKIP to Check Item A6*  
 2 ☐ No

**b. Which persons were covered?**

Person No. Name

3236

3238

3240

3242

3244

3246

3248

3250

3252

3254

**CHECK  
ITEM A6**

Is this ISS Code "8"?

3256

- 1 ☐ Yes  
 2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

**7a. What type of Veterans' payments did . . . receive?**

3258

- 1 ☐ Service-connected disability compensation  
 2 ☐ Survivor benefits  
 3 ☐ Veterans' pension  
 4 ☐ Other Veterans' payments

**b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?**

3260

- 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK } *SKIP to next ISS Code or Check Item P1, page 53*

**CHECK  
ITEM A6.1**

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?

3262

- 1 ☐ Yes - *SKIP to Check Item A7*  
 2 ☐ No

(SHOW FLASHCARD O)

**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

3264

- 1 ☐ Blue  
 2 ☐ Buff  
 3 ☐ Direct deposit  
 4 ☐ Other  
 x1 ☐ DK

**b. Do . . . 's payments usually come on the first of the month or the third?**

3266

- 1 ☐ First  
 2 ☐ Third  
 3 ☐ Other  
 x1 ☐ DK

**CHECK  
ITEM A7**

Refer to item 2, page 28.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3268

- 1 ☐ Yes  
 2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

NOTES

### Section 3 - AMOUNTS (Continued)

#### Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3270** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**9b. If "Yes" in item 9a - How much was received?**

**3272** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

(2 months ago) .....

**3274** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**3276** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

(3 months ago) .....

**3278** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**3280** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

(4 months ago) .....

**3282** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**3284** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK -

**10a. Were all children living here covered by these payments?**

**3286** 1 ☐ Yes - SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

**b. Which children were covered?**

	Person No.	Name
<b>3288</b>		
<b>3290</b>		
<b>3292</b>		
<b>3294</b>		
<b>3296</b>		
<b>3298</b>		

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3300** 1 ☐ Yes - SKIP to Check Item A7.1  
2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
<b>3302</b>		
<b>3304</b>		
<b>3306</b>		
<b>3308</b>		
<b>3310</b>		
<b>3312</b>		
<b>3314</b>		
<b>3316</b>		

NOTES

# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

### CHECK ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3321

- 1 ☐ Yes - ASK 12b  
2 ☐ No - ASK 12a

**12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) . . . . .

3322

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**12c. If "Yes" in item 12b, ask - What was the total amount?**

3324

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

(2 months ago) . . . . .

3326

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3328

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

(3 months ago) . . . . .

3330

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3332

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

(4 months ago) . . . . .

3334

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3336

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

3338

- 1 ☐ Last month

3340

- 2 ☐ 2 months ago

3342

- 3 ☐ 3 months ago

3344

- 4 ☐ 4 months ago

**b. Which persons were covered?**

3346

Person No. Name

. . .

3348

. . .

3350

. . .

3352

. . .

3354

. . .

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

Section 3 - AMOUNTS		
Part A - GENERAL AMOUNTS (ISS Codes 1-56)		
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.  (Read "was authorized to receive" if asking about "Food Stamps" - code 27.)	Income code 3400	Name of income type
CHECK ITEM A1 Mark (X) income type code.	3402	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 35 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 34 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1
CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	3404	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?	3406	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3408	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 34
CHECK ITEM A3 Refer to cc item 26a. Is . . . married?	3410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?	3412	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	3414	1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No
CHECK ITEM A4.1 Refer to item 11b, page 5. Is this income source listed on the income roster?	3415	1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?  Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.  b. Did . . . receive any (Read name of income type) in (Read each month)?  NOTE - Social Security and SSI payments may be adjusted for inflation each January.		5c. Some persons receive more than one payment per month for certain income types.  ► For ISS codes 1 or 2 (SS or RR) read -  How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.  ► For all other ISS codes read -  How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.
(Last month) . . . . .	3416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3418 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	3420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3422 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	3424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3426 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	3428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3430 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

### Section 3 - AMOUNTS (Continued)

#### Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK  
ITEM A5**

Mark (X) income type code.

3432

- 1 ☐ ISS Code 1 or 2 - *SKIP to Check Item A6.1*  
2 ☐ ISS Code 8 or 20 through 24  
3 ☐ All other income codes - *SKIP to next ISS Code or Check Item P1, page 53*

**6a. Were all the people living here covered by ...'s payments?**

3434

- 1 ☐ Yes - *SKIP to Check Item A6*  
2 ☐ No

**b. Which persons were covered?**

Person No. Name

3436

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3438

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3440

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3442

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3444

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3446

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3448

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3450

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3452

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3454

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**CHECK  
ITEM A6**

Is this ISS Code "8"?

3456

- 1 ☐ Yes  
2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

**7a. What type of Veterans' payments did ... receive?**

3458

- 1 ☐ Service-connected disability compensation  
2 ☐ Survivor benefits  
3 ☐ Veterans' pension  
4 ☐ Other Veterans' payments

**b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?**

3460

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } *SKIP to next ISS Code or Check Item P1, page 53*

**CHECK  
ITEM A6.1**

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?

3462

- 1 ☐ Yes - *SKIP to Check Item A7*  
2 ☐ No

(SHOW FLASHCARD O)

**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

3464

- 1 ☐ Blue  
2 ☐ Buff  
3 ☐ Direct deposit  
4 ☐ Other  
X1 ☐ DK

**b. Do ...'s payments usually come on the first of the month or the third?**

3466

- 1 ☐ First  
2 ☐ Third  
3 ☐ Other  
X1 ☐ DK

**CHECK  
ITEM A7**

Refer to item 2, page 32.

Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

3468

- 1 ☐ Yes  
2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for ...’s children in (Read each month)?

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month) .....

3470 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

9b. If "Yes" in item 9a – How much was received?

3472 \$ ..... 00

X1 ☐ DK  
X2 ☐ Ref.

(2 months ago) .....

3474 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3476 \$ ..... 00

X1 ☐ DK  
X2 ☐ Ref.

(3 months ago) .....

3478 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3480 \$ ..... 00

X1 ☐ DK  
X2 ☐ Ref.

(4 months ago) .....

3482 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3484 \$ ..... 00

X1 ☐ DK  
X2 ☐ Ref.

10a. Were all children living here covered by these payments?

3486 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 53

11a. Were all the people living here covered under ...’s food stamp allotment?

3500 1 ☐ Yes – SKIP to Check Item A7.1  
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>

NOTES



# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

### CHECK ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3521

- 1 ☐ Yes - ASK 12b  
2 ☐ No - ASK 12a

### 12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

### b. Did . . . receive food stamps in (Read each month)?

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) . . . . .

3522

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

### 12c. If "Yes" in item 12b, ask - What was the total amount?

3524

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

(2 months ago) . . . . .

3526

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3528

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

(3 months ago) . . . . .

3530

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3532

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

(4 months ago) . . . . .

3534

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

3536

\$ . 00

- X1 ☐ DK  
X2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

### 13a. Did . . . receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3538

- 1 ☐ Last month

3540

- 2 ☐ 2 months ago

3542

- 3 ☐ 3 months ago

3544

- 4 ☐ 4 months ago

### b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS			
Part A – GENERAL AMOUNTS (ISS Codes 1–56)			
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>	Income code <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	Name of income type <div style="border: 1px solid black; height: 20px; margin: 2px;"></div>	
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</div> <div><input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 39</div> <div><input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 38</div> <div><input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div> <div><input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</div> </div>
<b>CHECK ITEM A2</b>	Refer to cc item 27.  Is . . . a designated parent or guardian of children under age 18?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – SKIP to Check Item A3</div> </div>
<b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</b>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – SKIP to Check Item A3</div> </div>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – SKIP to 9a, page 38</div> </div>
<b>CHECK ITEM A3</b>	Refer to cc item 26a.  Is . . . married?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – SKIP to Check Item A4.1</div> </div>
<b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – SKIP to Check Item A4.1</div> </div>
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div><input type="checkbox"/> No</div> </div>
<b>CHECK ITEM A4.1</b>	Refer to item 11b, page 5.  Is this income source listed on the income roster?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes – ASK 5b</div> <div><input type="checkbox"/> No – ASK 5a</div> </div>
<b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b>  <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i>  <b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Social Security and SSI payments may be adjusted for inflation each January.		<b>5c. Some persons receive more than one payment per month for certain income types.</b>  <div style="display: flex; flex-direction: column; gap: 10px;"> <div>           ► For ISS codes 1 or 2 (SS or RR) read –   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b> </div> <div>           ► For all other ISS codes read –   <b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b> </div> </div>	
(Last month) .....		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>
(2 months ago) .....		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>
(3 months ago) .....		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>
(4 months ago) .....		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>

### Section 3 - AMOUNTS (Continued)

#### Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

##### CHECK ITEM A5

Mark (X) income type code.

3632

- 1 ☐ ISS Code 1 or 2 - *SKIP to Check Item A6.1*  
 2 ☐ ISS Code 8 or 20 through 24  
 3 ☐ All other income codes - *SKIP to next ISS Code or Check Item P1, page 53*

6a. Were all the people living here covered by ...'s payments?

3634

- 1 ☐ Yes - *SKIP to Check Item A6*  
 2 ☐ No

b. Which persons were covered?

3636

Person No. Name

3638

3640

3642

3644

3646

3648

3650

3652

3654

##### CHECK ITEM A6

Is this ISS Code "8"?

3656

- 1 ☐ Yes  
 2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

7a. What type of Veterans' payments did ... receive?

3658

- 1 ☐ Service-connected disability compensation  
 2 ☐ Survivor benefits  
 3 ☐ Veterans' pension  
 4 ☐ Other Veterans' payments

b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?

3660

- 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK } *SKIP to next ISS Code or Check Item P1, page 53*

##### CHECK ITEM A6.1

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?

3662

- 1 ☐ Yes - *SKIP to Check Item A7*  
 2 ☐ No

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3664

- 1 ☐ Blue  
 2 ☐ Buff  
 3 ☐ Direct deposit  
 4 ☐ Other  
 x1 ☐ DK

b. Do ...'s payments usually come on the first of the month or the third?

3666

- 1 ☐ First  
 2 ☐ Third  
 3 ☐ Other  
 x1 ☐ DK

##### CHECK ITEM A7

Refer to item 2, page 36.

Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

3668

- 1 ☐ Yes  
 2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

NOTES

Section 3 – AMOUNTS (Continued)		
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)		
<div>9a. Were (Social Security/Railroad Retirement) payments received for ...’s children in (Read each month)?</div> <div>NOTE – Social Security payments may be adjusted for inflation each January.</div> <div>(Last month) .....</div> <div>(2 months ago) .....</div> <div>(3 months ago) .....</div> <div>(4 months ago) .....</div>	<div><div>3670</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div> <div><div>3674</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div> <div><div>3678</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div> <div><div>3682</div><div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div></div>	<div>9b. If "Yes" in item 9a – How much was received?</div> <div><div>3672</div><div>\$</div><div>00</div><div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div> <div><div>3676</div><div>\$</div><div>00</div><div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div> <div><div>3680</div><div>\$</div><div>00</div><div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div> <div><div>3684</div><div>\$</div><div>00</div><div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div></div>
<div>VERIFY IF ONLY ONE CHILD OR ASK –</div> <div>10a. Were all children living here covered by these payments?</div> <div>b. Which children were covered?</div>	<div><div>3686</div><div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</div></div> <div><div>3688</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3690</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3692</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3694</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3696</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3698</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div>	
SKIP to next ISS Code or Check Item P1, page 53		
<div>11a. Were all the people living here covered under ...’s food stamp allotment?</div> <div>b. Which persons were covered?</div>	<div><div>3700</div><div>1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1 2 <input type="checkbox"/> No</div></div> <div><div>3702</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3704</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3706</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3708</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3710</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3712</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3714</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div> <div><div>3716</div><div>Person No. Name</div><div><div></div><div></div><div></div></div></div>	
NOTES		

# Section 3 – AMOUNTS (Continued)

## Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

### CHECK ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3721

- 1 ☐ Yes – ASK 12b  
2 ☐ No – ASK 12a

**12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

(Last month) . . . . .

3722

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12c. If "Yes" in item 12b, ask – What was the total amount?**

3724

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3726

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3728

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3730

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3732

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3734

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3736

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

3738

- 1 ☐ Last month

3740

- 2 ☐ 2 months ago

3742

- 3 ☐ 3 months ago

3744

- 4 ☐ 4 months ago

**b. Which persons were covered?**

Person No. Name

3746

3748

3750

3752

3754

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

Section 3 - AMOUNTS		
Part A - GENERAL AMOUNTS (ISS Codes 1-56)		
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.  (Read "was authorized to receive" if asking about "Food Stamps" - code 27)		Income code 3800 <div></div> <div></div> Name of income type
CHECK ITEM A1	Mark (X) income type code.	3802 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 43 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 42 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1
CHECK ITEM A2	Refer to cc item 27.  Is . . . a designated parent or guardian of children under age 18?	3804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?		3806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		3808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 42
CHECK ITEM A3	Refer to cc item 26a.  Is . . . married?	3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?		3812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	3814 1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No
CHECK ITEM A4.1	Refer to item 1 b, page 5.  Is this income source listed on the income roster?	3815 1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?  Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.  b. Did . . . receive any (Read name of income type) in (Read each month)?  NOTE - Social Security and SSI payments may be adjusted for inflation each January.		5c. Some persons receive more than one payment per month for certain income types.  ► For ISS codes 1 or 2 (SS or RR) read -  How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.  ► For all other ISS codes read -  How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.
(Last month)	3816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3818 \$ <div></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3822 \$ <div></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3826 \$ <div></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3830 \$ <div></div> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

### Section 3 – AMOUNTS (Continued)

#### Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

#### CHECK ITEM A5

Mark (X) income type code.

3832

- 1 ☐ ISS Code 1 or 2 – *SKIP to Check Item A6.1*  
 2 ☐ ISS Code 8 or 20 through 24  
 3 ☐ All other income codes – *SKIP to next ISS Code or Check Item P1, page 53*

6a. Were all the people living here covered by . . . 's payments?

3834

- 1 ☐ Yes – *SKIP to Check Item A6*  
 2 ☐ No

b. Which persons were covered?

Person No. Name

3836

3838

3840

3842

3844

3846

3848

3850

3852

3854

#### CHECK ITEM A6

Is this ISS Code "8"?

3856

- 1 ☐ Yes  
 2 ☐ No – *SKIP to next ISS Code or Check Item P1, page 53*

7a. What type of Veterans' payments did . . . receive?

3858

- 1 ☐ Service-connected disability compensation  
 2 ☐ Survivor benefits  
 3 ☐ Veterans' pension  
 4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3860

- 1 ☐ Yes  
 2 ☐ No  
 x1 ☐ DK } *SKIP to next ISS Code or Check Item P1, page 53*

#### CHECK ITEM A6.1

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?

3862

- 1 ☐ Yes – *SKIP to Check Item A7*  
 2 ☐ No

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3864

- 1 ☐ Blue  
 2 ☐ Buff  
 3 ☐ Direct deposit  
 4 ☐ Other  
 x1 ☐ DK

b. Do . . . 's payments usually come on the first of the month or the third?

3866

- 1 ☐ First  
 2 ☐ Third  
 3 ☐ Other  
 x1 ☐ DK

#### CHECK ITEM A7

Refer to item 2, page 40.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3868

- 1 ☐ Yes  
 2 ☐ No – *SKIP to next ISS Code or Check Item P1, page 53*

NOTES

# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**3870** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**9b. If "Yes" in item 9a - How much was received?**

**3872** \$ ..... 00  
x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) .....

**3874** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3876** \$ ..... 00  
x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) .....

**3878** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3880** \$ ..... 00  
x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) .....

**3882** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**3884** \$ ..... 00  
x1 ☐ DK  
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK -

**10a. Were all children living here covered by these payments?**

**3886** 1 ☐ Yes - SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

**b. Which children were covered?**

Person No.	Name
<b>3888</b>	
<b>3890</b>	
<b>3892</b>	
<b>3894</b>	
<b>3896</b>	
<b>3898</b>	

SKIP to next ISS Code or Check Item P1, page 53

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3900** 1 ☐ Yes - SKIP to Check Item A7.1  
2 ☐ No

**b. Which persons were covered?**

Person No.	Name
<b>3902</b>	
<b>3904</b>	
<b>3906</b>	
<b>3908</b>	
<b>3910</b>	
<b>3912</b>	
<b>3914</b>	
<b>3916</b>	

NOTES



# Section 3 – AMOUNTS (Continued)

## Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

### CHECK ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

3921

- 1 ☐ Yes – ASK 12b  
2 ☐ No – ASK 12a

### 12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

### b. Did . . . receive food stamps in (Read each month)?

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

(Last month) . . . . .

3922

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

### 12c. If "Yes" in item 12b, ask – What was the total amount?

3924

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

3926

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3928

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

3930

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3932

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

3934

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

3936

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

### 13a. Did . . . receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3938

- 1 ☐ Last month

3940

- 2 ☐ 2 months ago

3942

- 3 ☐ 3 months ago

3944

- 4 ☐ 4 months ago

### b. Which persons were covered?

Person No. Name

3946

3948

3950

3952

3954

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

## Section 3 - AMOUNTS

### Part A - GENERAL AMOUNTS (ISS Codes 1-56)

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b></p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code      Name of income type</p> <p><b>4000</b>      <span style="border: 1px solid black; padding: 2px 10px;"> </span></p>
<p><b>CHECK ITEM A1</b>      <i>Mark (X) income type code.</i></p>	<p><b>4002</b>      1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)                  2 <input type="checkbox"/> ISS Code 25 (WIC) - <i>SKIP to 13a, page 47</i>                  3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - <i>SKIP to 11a, page 46</i>                  4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - <i>SKIP to Check Item A4</i>                  5 <input type="checkbox"/> Other ISS Codes - <i>SKIP to Check Item A4.1</i></p>
<p><b>CHECK ITEM A2</b>      <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p><b>4004</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</b></p>	<p><b>4006</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>4008</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to 9a, page 46</i></p>
<p><b>CHECK ITEM A3</b>      <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p><b>4010</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item A4.1</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p><b>4012</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Check Item A4.1</i></p>
<p><b>CHECK ITEM A4</b>      Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p><b>4014</b>      1 <input type="checkbox"/> Yes - <i>SKIP to next ISS Code or Check Item P1, page 53</i>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM A4.1</b>      <i>Refer to item 11b, page 5.</i></p> <p>Is this income source listed on the income roster?</p>	<p><b>4015</b>      1 <input type="checkbox"/> Yes - <i>ASK 5b</i>                  2 <input type="checkbox"/> No - <i>ASK 5a</i></p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b></p> <p><i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p><b>b. Did . . . receive any (Read name of income type) in (Read each month)?</b></p> <p>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>5c. Some persons receive more than one payment per month for certain income types.</b></p> <p>► For ISS codes 1 or 2 (SS or RR) read -</p> <p><b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</b></p> <p>► For all other ISS codes read -</p> <p><b>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</b></p>
<p>(Last month) . . . . .</p>	<p><b>4016</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p><b>4018</b>      \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span> . <span style="border: 1px solid black; padding: 2px 5px;">00</span>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>4020</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p><b>4022</b>      \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span> . <span style="border: 1px solid black; padding: 2px 5px;">00</span>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>4024</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p><b>4026</b>      \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span> . <span style="border: 1px solid black; padding: 2px 5px;">00</span>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>4028</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p><b>4030</b>      \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span> . <span style="border: 1px solid black; padding: 2px 5px;">00</span>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<div>4032</div> <div>1 <input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1</div> <div>2 <input type="checkbox"/> ISS Code 8 or 20 through 24</div> <div>3 <input type="checkbox"/> All other income codes - SKIP to next ISS Code or Check Item P1, page 53</div>																						
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<div>4034</div> <div>1 <input type="checkbox"/> Yes - SKIP to Check Item A6</div> <div>2 <input type="checkbox"/> No</div>																						
<b>b. Which persons were covered?</b>		<table border="1"> <thead> <tr> <th>Person No.</th> <th>Name</th> </tr> </thead> <tbody> <tr><td>4036</td><td></td></tr> <tr><td>4038</td><td></td></tr> <tr><td>4040</td><td></td></tr> <tr><td>4042</td><td></td></tr> <tr><td>4044</td><td></td></tr> <tr><td>4046</td><td></td></tr> <tr><td>4048</td><td></td></tr> <tr><td>4050</td><td></td></tr> <tr><td>4052</td><td></td></tr> <tr><td>4054</td><td></td></tr> </tbody> </table>	Person No.	Name	4036		4038		4040		4042		4044		4046		4048		4050		4052		4054	
Person No.	Name																							
4036																								
4038																								
4040																								
4042																								
4044																								
4046																								
4048																								
4050																								
4052																								
4054																								
<b>CHECK ITEM A6</b>	Is this ISS Code "8"?	<div>4056</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53</div>																						
<b>7a. What type of Veterans' payments did . . . receive?</b>		<div>4058</div> <div>1 <input type="checkbox"/> Service-connected disability compensation</div> <div>2 <input type="checkbox"/> Survivor benefits</div> <div>3 <input type="checkbox"/> Veterans' pension</div> <div>4 <input type="checkbox"/> Other Veterans' payments</div>																						
<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>		<div>4060</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div> <div>SKIP to next ISS Code or Check Item P1, page 53</div>																						
<b>CHECK ITEM A6.1</b>	Refer to cc item 45.	<div>4062</div> <div>1 <input type="checkbox"/> Yes - SKIP to Check Item A7</div> <div>2 <input type="checkbox"/> No</div>																						
Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?																								
<b>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</b>		<div>4064</div> <div>1 <input type="checkbox"/> Blue</div> <div>2 <input type="checkbox"/> Buff</div> <div>3 <input type="checkbox"/> Direct deposit</div> <div>4 <input type="checkbox"/> Other</div> <div>x1 <input type="checkbox"/> DK</div>																						
<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>		<div>4066</div> <div>1 <input type="checkbox"/> First</div> <div>2 <input type="checkbox"/> Third</div> <div>3 <input type="checkbox"/> Other</div> <div>x1 <input type="checkbox"/> DK</div>																						
<b>CHECK ITEM A7</b>	Refer to item 2, page 44.	<div>4068</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53</div>																						
Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?																								

NOTES

### Section 3 - AMOUNTS (Continued)

#### Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?**

NOTE - Social Security payments may be adjusted for inflation each January.

(Last month) .....

**4070** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**9b. If "Yes" in item 9a - How much was received?**

**4072** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

(2 months ago) .....

**4074** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**4076** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

(3 months ago) .....

**4078** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**4080** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

(4 months ago) .....

**4082** 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK

**4084** \$ ..... 00  
X1 ☐ DK  
X2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK -

**10a. Were all children living here covered by these payments?**

**4086** 1 ☐ Yes - SKIP to next ISS Code or Check Item P1, page 53  
2 ☐ No

**b. Which children were covered?**

Person No.	Name
<b>4088</b>	
<b>4090</b>	
<b>4092</b>	
<b>4094</b>	
<b>4096</b>	
<b>4098</b>	

**SKIP to next ISS Code or Check Item P1, page 53**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**4100** 1 ☐ Yes - SKIP to Check Item A7.1  
2 ☐ No

**b. Which persons were covered?**

Person No.	Name
<b>4102</b>	
<b>4104</b>	
<b>4106</b>	
<b>4108</b>	
<b>4110</b>	
<b>4112</b>	
<b>4114</b>	
<b>4116</b>	

NOTES

# Section 3 - AMOUNTS (Continued)

## Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK  
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

**4121**

- 1 ☐ Yes - ASK 12b  
2 ☐ No - ASK 12a

**12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

**b. Did . . . receive food stamps in (Read each month)?**

NOTE - Food stamp benefits may be adjusted for inflation in July and October.

(Last month) . . . . .

**4122**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12c. If "Yes" in item 12b, ask - What was the total amount?**

**4124**

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(2 months ago) . . . . .

**4126**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**4128**

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(3 months ago) . . . . .

**4130**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**4132**

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

(4 months ago) . . . . .

**4134**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**4136**

\$ . 00

- x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Check Item P1, page 53**

**13a. Did . . . receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

**4138**

- 1 ☐ Last month

**4140**

- 2 ☐ 2 months ago

**4142**

- 3 ☐ 3 months ago

**4144**

- 4 ☐ 4 months ago

**b. Which persons were covered?**

**4146**

Person No. Name

**4148**

**4150**

**4152**

**4154**

**SKIP to next ISS Code or Check Item P1, page 53**

NOTES

Section 3 - AMOUNTS (Continued)		
Part B - SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102, and 103)		
CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	4300 1 <input type="checkbox"/> ISS Code 100 - Regular/Passbook savings accounts 4302 2 <input type="checkbox"/> ISS Code 101 - Money market deposit accounts 4304 3 <input type="checkbox"/> ISS Code 102 - Certificates of deposit or other savings certificates 4306 4 <input type="checkbox"/> ISS Code 103 - Interest-earning checking accounts (such as NOW or Super-NOW accounts)
1. Earlier you said that ... had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.		
CHECK ITEM A9	Interview status of ...'s spouse.	4308 1 <input type="checkbox"/> No spouse in household - SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to 3a
2a. Did ... own any of these jointly with ...'s (husband/wife)?		4310 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3b
b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?		4312 \$ . 00 - SKIP to 3a x3 <input type="checkbox"/> None - SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
c. What is your best estimate of the average amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★		4314 \$ . 00 - SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		4316 1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 5 2 <input type="checkbox"/> No
3a. Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... have any other (Read asset types)?		4318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
b. What is your best estimate of the total amount of interest ... earned on these (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?		4320 \$ . 00 - SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None - SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
c. What is your best estimate of the average amount that ... had in these (Read asset types) during the 4-month period? ★		4322 \$ . 00 - SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53
d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		4324 1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 6 2 <input type="checkbox"/> No } SKIP to next ISS Code or Check Item P1, page 53
NOTES		

## Section 3 – AMOUNTS (Continued)

## Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)

CHECK  
ITEM A10

Asset types owned.  
Mark (X) all that apply.

4400

1 ☐ ISS Code 104 – Money market funds

4402

2 ☐ ISS Code 105 – U.S. Government securities

4404

3 ☐ ISS Code 106 – Municipal or corporate bonds

4406

4 ☐ ISS Code 107 – Other interest-earning assets –  
Specify       

1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

CHECK  
ITEM A11

Interview status of . . . 's spouse.

4408

1 ☐ No spouse in household – SKIP to 3b2 ☐ Interview for spouse not yet conducted3 ☐ Interview for spouse already conducted –  
SKIP to 3a

- 2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4410

1 ☐ Yes2 ☐ No – SKIP to 3b

- b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4412

\$  .  00 – SKIP to 3ax3 ☐ None – SKIP to 3ax1 ☐ DKx2 ☐ Ref. – SKIP to next ISS Code or  
Check Item P1, page 53

- c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★

4414

\$  .  00 – SKIP to 3ax1 ☐ DKx2 ☐ Ref. – SKIP to next ISS Code or  
Check Item P1, page 53

- d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4416

1 ☐ Yes – Mark Reminder Card and  
Callback Summary, Item 72 ☐ No

- 3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

4418

1 ☐ Yes2 ☐ No – SKIP to next ISS Code or  
Check Item P1, page 53

- b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4420

\$  .  00 – SKIP to next ISS Code or  
Check Item P1, page 53x3 ☐ None – SKIP to next ISS Code or  
Check Item P1, page 53x1 ☐ DKx2 ☐ Ref. – SKIP to next ISS Code or  
Check Item P1, page 53

- c. What is the best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★

4422

\$  .  00 – SKIP to next ISS Code or  
Check Item P1, page 53x1 ☐ DKx2 ☐ Ref. – SKIP to next ISS Code or  
Check Item P1, page 53

- d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4424

1 ☐ Yes – Mark Reminder Card and  
Callback Summary, Item 82 ☐ No} SKIP to next  
ISS Code or  
Check Item  
P1, page 53

NOTES

## Section 3 – AMOUNTS (Continued)

## Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

1a. Earlier you told me that ... owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did ... receive any dividend checks during these 4 months? (Include checks made out jointly to ... and ...'s spouse.)	4500	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3a
CHECK ITEM A12 Interview status of ...'s spouse.	4502	1 <input type="checkbox"/> No spouse in household – SKIP to 2a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1b. During the past 4 months, how much was received in dividend checks made out jointly to ... and ...'s (husband/wife)? ★	4504	\$ . 00 – SKIP to 2a x3 <input type="checkbox"/> None – SKIP to 2a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 9 2 <input type="checkbox"/> No
2a. During this 4-month period, how much did ... receive in dividend checks (in ...'s name only)? ★	4508	\$ . 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
b. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 10 2 <input type="checkbox"/> No
3a. (Besides the money that ... received in dividend checks,) did ... earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	4512	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A13 Interview status of ...'s spouse.	4514	1 <input type="checkbox"/> No spouse in household – SKIP to 3c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c
3b. During the 4-month period, how much of these kinds of dividends did ... earn jointly with ...'s (husband/wife)?	4516	\$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. During the 4-month period, how much of these kinds of dividends did ... earn (in ...'s name only)?	4518	\$ . 00 } SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
NOTES		



# Section 3 – AMOUNTS (Continued)

## Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

**CHECK  
ITEM A14**

Interview status of . . . 's spouse.

4600

- 1 ☐ No spouse in household – *SKIP to 3a*  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted – *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? Include only property owned entirely by couple.

4602

- 1 ☐ Yes  
2 ☐ No – *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$  .  00

- X1 ☐ DK  
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

4606

\$  .  00

- X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

4608

- X4 ☐ Lost money – Enter amount of loss in box

3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4 months?

4610

- 1 ☐ Yes  
2 ☐ No – *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

4612

\$  .  00

- X1 ☐ DK  
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

4614

\$  .  00

- X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

4616

- X4 ☐ Lost money – Enter amount of loss in box

4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . . 's spouse)

4618

- 1 ☐ Yes  
2 ☐ No – *SKIP to next ISS Code or Check Item P1, page 53*

b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?

4620

\$  .  00

- X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref.

4622

- X4 ☐ Lost money – Enter amount of loss in box

*SKIP to next  
ISS Code or  
Check Item  
P1, page 53*

NOTES

Section 3 – AMOUNTS (Continued)

Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS  
(ISS Codes 130, 140, and 150)

CHECK ITEM A15	Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
CHECK ITEM A17	Interview status of ...’s spouse.	4708	1 <input type="checkbox"/> No spouse in household – SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1a. Earlier you said ... held a mortgage. Did ... own this jointly with ...’s spouse?		4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
b. During the past 4 months, how much interest was paid to ... and ...’s spouse by the borrower?		4712	<div> <div>\$</div> <div></div> <div>00</div> </div> X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
2a. (Besides any jointly held mortgages,) did ... hold any mortgages in ...’s own name?		4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A18
b. (Earlier you said that ... held a mortgage.) During the past 4 months, how much interest was paid to ... by the borrower?		4716	<div> <div>\$</div> <div></div> <div>00</div> </div> X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1
3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)?  If income was shared, count only ...’s share.		4720  4722	<div> <div>\$</div> <div></div> <div>00</div> </div> X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X4 <input type="checkbox"/> Lost money – Enter amount of loss in box

NOTES

## Section 4 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	<p>Refer to cc item 19b.</p> <p>Is this the reference person's questionnaire?</p>	<div style="border: 1px solid black; padding: 2px;">4800</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54</p>
<b>CHECK ITEM P2</b>	<p>Refer to cc items 16a and 16b.</p> <p>Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)</p>	<div style="border: 1px solid black; padding: 2px;">4802</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 2a</p>
<p><b>1a. What is your monthly rent?</b></p> <p><i>Include only the amount the respondent pays for rent. Exclude any subsidized amount.</i></p>		<div style="border: 1px solid black; padding: 2px;">4804</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-left: 5px;">00</div> </div> <p>             x3 <input type="checkbox"/> None              x1 <input type="checkbox"/> DK              x2 <input type="checkbox"/> Ref. } SKIP to 2a           </p>
<p><b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b></p> <p><i>Exclude telephone.</i></p>		<div style="border: 1px solid black; padding: 2px;">4806</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p><b>2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</b></p>		<div style="border: 1px solid black; padding: 2px;">4816</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item P3</p>
<p><b>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?</b></p> <p><i>Mark (X) all that apply.</i></p>		<div style="border: 1px solid black; padding: 2px;">4818</div> <div style="border: 1px solid black; padding: 2px;">4820</div> <div style="border: 1px solid black; padding: 2px;">4822</div>	<p>1 <input type="checkbox"/> Checks sent to household</p> <p>2 <input type="checkbox"/> Coupons or vouchers sent to household</p> <p>3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord</p>
<p><b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b></p>		<div style="border: 1px solid black; padding: 2px;">4824</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-left: 5px;">00</div> </div> <p>x1 <input type="checkbox"/> DK</p>
<b>CHECK ITEM P3</b>	<p>Are there any children 5 to 18 years old who live in this household?</p>	<div style="border: 1px solid black; padding: 2px;">4826</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54</p>
<p><b>3a. Do any of the children in this household usually eat a complete hot lunch offered at school?</b></p>		<div style="border: 1px solid black; padding: 2px;">4828</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54</p>
<p><b>b. How many children?</b></p>		<div style="border: 1px solid black; padding: 2px;">4830</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Children</div> </div>
<p><b>c. How many complete school lunches do all of the children eat per week?</b></p>		<div style="border: 1px solid black; padding: 2px;">4832</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Number of lunches</div> </div> <p>x1 <input type="checkbox"/> DK</p>
<p><b>d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?</b></p>		<div style="border: 1px solid black; padding: 2px;">4834</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f</p>
<p><b>e. In the past 4 months, were the lunches free, reduced price, or were they full price?</b></p> <p><i>Mark (X) only one.</i></p>		<div style="border: 1px solid black; padding: 2px;">4836</div>	<p>1 <input type="checkbox"/> Free lunch – SKIP to 3g</p> <p>2 <input type="checkbox"/> Reduced-price lunch</p> <p>3 <input type="checkbox"/> Full-price lunch</p>
<p><b>f. What was the average price paid by all of the children for a complete school lunch?</b></p>		<div style="border: 1px solid black; padding: 2px;">4838</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div> <p>x1 <input type="checkbox"/> DK</p>
<p><b>g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?</b></p>		<div style="border: 1px solid black; padding: 2px;">4840</div>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54</p>
<p><b>h. How many children?</b></p>		<div style="border: 1px solid black; padding: 2px;">4842</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Children</div> </div>
<p><b>i. How many complete school breakfasts do all of the children eat per week?</b></p>		<div style="border: 1px solid black; padding: 2px;">4844</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Number of breakfasts</div> </div> <p>x1 <input type="checkbox"/> DK</p>
<p><b>j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?</b></p> <p><i>Mark (X) only one.</i></p>		<div style="border: 1px solid black; padding: 2px;">4846</div>	<p>1 <input type="checkbox"/> Free breakfast</p> <p>2 <input type="checkbox"/> Reduced-price breakfast</p> <p>3 <input type="checkbox"/> Full-price breakfast</p>

Section 5 – TOPICAL MODULES

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1994. It would be very helpful to refer to records during this part of the interview.

CHECK ITEM T1

Are the names of any businesses listed for ... on the control card? (cc item 43)

8000

- 1 ☐ Yes – SKIP to 1b  
2 ☐ No

CHECK ITEM T2

Was an interview obtained for ... for each of the 4th, 5th, 6th, AND 7th waves (cc items 44, 45, 46, and 47)?

8002

- 1 ☐ Yes – SKIP to Statement D, page 57  
2 ☐ No

1a. Did ... own and operate a business at any time during calendar year 1994?

Include farms.

8004

- 1 ☐ Yes  
2 ☐ No – SKIP to Statement D, page 57

ASK OR VERIFY –

b. How many different businesses did ... own and operate during calendar year 1994?

8006

- Businesses  
OR  
x3 ☐ None – SKIP to Statement D, page 57

ASK OR VERIFY –

c. What were the names of the businesses that ... owned and operated during calendar year 1994? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)

PGM 8

8008

Business name

PGM 8

8058

Business name

CHECK ITEM T3

Transcribe ID number for this business from the control card (cc item 43).  
(Fill items T3–T9 for the first business listed, then fill items T3–T9 if a second business is listed.)

PGM 7

8010

- ☐ Business ID No.  
OR  
x3 ☐ Not listed on control card

PGM 7

8060

- ☐ Business ID No.  
OR  
x3 ☐ Not listed on control card

CHECK ITEM T4

Has information about this business already been obtained in an interview for another household member?

8012

- 1 ☐ Yes  
2 ☐ No – SKIP to 2a

8062

- 1 ☐ Yes  
2 ☐ No – SKIP to 2a

FIELD REPRESENTATIVE INSTRUCTION:

Enter name, person number, and business ID number of the other owner who previously reported the business to indicate the location of the information about this business.

Name

Person number

8014

Business ID number

8016

OR

- x3 ☐ Not listed on control card

SKIP to Check Item T9, page 56

Name

Person number

8064

Business ID number

8066

OR

- x1 ☐ Not listed on control card

SKIP to Check Item T10, page 56

ASK OR VERIFY –

2a. What was the form of this (business/practice) – was it a sole proprietorship, a partnership, or a corporation?

8018

- 1 ☐ Sole proprietorship  
2 ☐ Partnership  
3 ☐ Corporation  
x1 ☐ DK

8068

- 1 ☐ Sole proprietorship  
2 ☐ Partnership  
3 ☐ Corporation  
x1 ☐ DK

b. Was this business primarily located in ...'s own home or somewhere else?

8020

- 1 ☐ Own home  
2 ☐ Somewhere else

8070

- 1 ☐ Own home  
2 ☐ Somewhere else

# Section 5 - TOPICAL MODULES (Continued)

## Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<b>CHECK ITEM T5</b>	Is "Sole proprietorship" marked in item 2a?	<b>8104</b> 1 <input type="checkbox"/> Yes - SKIP to 2h 2 <input type="checkbox"/> No	<b>8154</b> 1 <input type="checkbox"/> Yes - SKIP to 2h 2 <input type="checkbox"/> No
<b>2c.</b>	Were any other members of this household part owners of this (business/practice)?	<b>8106</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g	<b>8156</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g
<b>d.</b>	Which other household members were owners?	<b>8108</b> Person No. <input type="text"/> Name <input type="text"/>	<b>8158</b> Person No. <input type="text"/> Name <input type="text"/>
		<b>8110</b> Person No. <input type="text"/> Name <input type="text"/>	<b>8160</b> Person No. <input type="text"/> Name <input type="text"/>
<b>e.</b>	Was this (business/practice) owned entirely by members of this household?	<b>8112</b> 1 <input type="checkbox"/> Yes - SKIP to 2g 2 <input type="checkbox"/> No	<b>8162</b> 1 <input type="checkbox"/> Yes - SKIP to 2g 2 <input type="checkbox"/> No
<b>f.</b>	What percentage of this (business/practice) was owned by members of this household?	<b>8114</b> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	<b>8164</b> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
<b>g.</b>	What percentage of this (business/practice) did ... own in ...'s own name?	<b>8116</b> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	<b>8166</b> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
<b>h.</b>	What were the gross RECEIPTS of this (business/practice) in 1994? Please use records if they are available.  ★ Obtain estimate, if necessary.	<b>8118</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8168</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>i.</b>	What were the total EXPENSES of this (business/practice) in 1994? Please use records if they are available.  ★ Obtain estimate, if necessary.	<b>8120</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8170</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T6</b>	Is "DK" marked in either item 2h or 2i?	<b>8122</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T7	<b>8172</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T7
<b>2j.</b>	If I were to call back later, could you provide me with an estimate of (receipts/expenses)? (This information is especially important for this survey)?	<b>8124</b> 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No	<b>8174</b> 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No
<b>CHECK ITEM T7</b>	Is "Sole proprietorship" marked in item 2a?	<b>8126</b> 1 <input type="checkbox"/> Yes - SKIP to Check Item T9 2 <input type="checkbox"/> No	<b>8176</b> 1 <input type="checkbox"/> Yes - SKIP to Check Item T10 2 <input type="checkbox"/> No

# Section 5 - TOPICAL MODULES (Continued)

## Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<p><b>2k. What was ...'s net income from this (business/practice) in 1994? Please use records if they are available.</b></p> <p><i>Obtain estimate, if necessary.</i></p>	<p><b>8202</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X2 <input type="checkbox"/> Ref. X1 <input type="checkbox"/> DK</p> <p><b>8204</b> X4 <input type="checkbox"/> Lost money - Enter amount of loss in box - SKIP to Check Item T8</p>	<p><b>8252</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X2 <input type="checkbox"/> Ref. X1 <input type="checkbox"/> DK</p> <p><b>8254</b> X4 <input type="checkbox"/> Lost money - Enter amount of loss in box - SKIP to Check Item T8</p>
<p><b>l. If I were to call back later, could you provide me with an estimate? (This information is especially important for the purposes of this survey.)</b></p>	<p><b>8206</b> 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, item 12 2 <input type="checkbox"/> No</p>	<p><b>8256</b> 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, item 12 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM T8</b> Refer to item 2a. Were any other household members part owners of this business?</p>	<p><b>8208</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T9</p>	<p><b>8258</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T10</p>
<p><b>2m. Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1994 from this (business/practice)?</b></p>	<p><b>8210</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to Check Item T9</p>	<p><b>8260</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to Check Item T10</p>
<p><b>n. What was the amount of net income that was received by (Read names of other household owners)?</b></p> <p><i>Obtain estimate, if necessary.</i></p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8212</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8214</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>8216</b> X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8218</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8220</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>8222</b> X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8262</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8264</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>8266</b> X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p> <p>SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8268</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>8270</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>8272</b> X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p>
<p><b>CHECK ITEM T9</b> Is another business listed in item 1c?</p>	<p><b>8274</b> 1 <input type="checkbox"/> Yes - Complete Check Item T3 for next business 2 <input type="checkbox"/> No - SKIP to Statement D</p>	<p>Go to Check Item T10</p>
<p><b>CHECK ITEM T10</b> Is the number of businesses recorded in item 1b three or more?</p>	<p><b>8276</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Statement D</p>	
<p><b>3. What was ...'s net income from ...'s other businesses in 1994? Please use records if they are available.</b></p>	<p><b>8278</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <p><b>8280</b> X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p>	

NOTES

## Section 5 – TOPICAL MODULES (Continued)

### Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

#### STATEMENT D

The next few questions are about personal retirement plans.

**4a. Does . . . have an Individual Retirement Account – an IRA – in . . .’s OWN name?**

*If . . . is only included in . . .’s (husband’s/wife’s) IRA accounts, mark the "No" box.*

9330

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } SKIP to 4h

**b. Did . . . make any tax-deductible contributions to IRA accounts which applied to . . .’s 1994 tax return?**

*(Contributions which were deducted from gross income.)*

9332

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } SKIP to 4d

**c. How much were . . .’s tax-deductible contributions to IRA accounts which applied to . . .’s 1994 tax return?**

*(Form 1040, line 24a)  
(Form 1040A, line 15a)*

9334

\$  .  00  
X1 ☐ DK  
X2 ☐ Ref.

**d. Did . . . make any withdrawals from . . .’s IRA accounts during 1994?**

*Mark "No" if funds were "rolled over" within 60 days of the withdrawal.*

9336

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } SKIP to 4f

**e. How much did . . . withdraw from IRA accounts during 1994?**

9338

\$  .  00  
X1 ☐ DK  
X2 ☐ Ref.

**f. Including ALL IRA accounts in . . .’s OWN name, how much did . . .’s IRA accounts earn during 1994?**

9340

\$  .  00  
X3 ☐ None  
X1 ☐ DK  
X2 ☐ Ref.

**g. What types of assets did . . . have in . . .’s IRA accounts?**

*Mark (X) all that apply.  
Anything else?*

9342

1 ☐ Certificates of deposit or other savings certificates

9344

2 ☐ Money market funds

9346

3 ☐ U.S. Government securities

9348

4 ☐ Municipal or corporate bonds

9350

5 ☐ U.S. Savings Bonds

9352

6 ☐ Stocks or mutual fund shares

9354

7 ☐ Other assets – *Specify*

9356

X1 ☐ DK

**h. Does . . . have a Keogh account in . . .’s OWN name?**

9358

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } SKIP to Check Item T11

**i. Did . . . make any tax-deductible contributions to a Keogh account which applied to . . .’s 1994 tax return?**

9360

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } SKIP to 4k

**j. How much were . . .’s tax-deductible contributions to Keogh accounts which applied to . . .’s 1994 tax return?**

*(Form 1040, line 27)*

9362

\$  .  00  
X1 ☐ DK  
X2 ☐ Ref.

**k. Did . . . make any withdrawals from . . .’s Keogh accounts during 1994?**

9364

- 1 ☐ Yes  
2 ☐ No  
X1 ☐ DK } SKIP to 4m

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

4l. How much did . . . withdraw from Keogh accounts during 1994?

9366

\$

00

x1 ☐ DK  
x2 ☐ Ref.

m. Including ALL Keogh accounts in . . . 's OWN name, how much did . . . 's Keogh accounts earn during 1994?

9368

\$

00

x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

n. What types of assets did . . . have in . . . 's Keogh accounts?

Mark (X) all that apply.  
Anything else?

9370

1 ☐ Certificates of deposit or other savings certificates

9372

2 ☐ Money market funds

9374

3 ☐ U.S. Government securities

9376

4 ☐ Municipal or corporate bonds

9378

5 ☐ U.S. Savings Bonds

9380

6 ☐ Stocks or mutual fund shares

9382

7 ☐ Other assets - Specify z

9384

x1 ☐ DK

CHECK  
ITEM T11

Refer to cc item 42.  
Are the names of any employers listed for . . . on the control card?

9385

1 ☐ Yes  
2 ☐ No - SKIP to Check Item T12

4o. During 1994, did . . . participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

9386

1 ☐ Yes  
2 ☐ No  
x1 ☐ DK } SKIP to Check Item T12

p. How much did . . . contribute to this plan during 1994?

9388

\$

00

x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

NOTES



Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES

<b>CHECK ITEM T12</b>	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	<b>9390</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item T19, page 61 2 <input type="checkbox"/> No
<b>1a. Did . . . file a Federal income tax return for 1994?</b> <i>Mark "Yes" if . . . filed alone or jointly.</i>		<b>9392</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T19, page 61
<b>b. Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?</b>		<b>9394</b>	1 <input type="checkbox"/> Yes – Allow person time to get form 2 <input type="checkbox"/> No
<b>2. What was . . . 's filing status on . . . 's 1994 Federal tax return? Did . . . file as –</b> <i>Read categories – Mark (X) one.</i>		<b>9396</b>	1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? X1 <input type="checkbox"/> DK
<b>3a. What were the total number of exemptions claimed on . . . 's tax return?</b>		<b>9398</b>	<div><div></div><div></div></div> Exemptions – If "00" or "01" SKIP to 4 X1 <input type="checkbox"/> DK
<b>CHECK ITEM T13</b>	<i>Refer to cc item 20.</i> Number of current household members.	<b>9400</b>	1 <input type="checkbox"/> One – SKIP to 3c 2 <input type="checkbox"/> Two or more
<b>3b. Besides . . . , which persons in this household did . . . claim as an exemption?</b>		<div>Person No.    Name</div> <div><b>9402</b> <div><div></div><div></div><div></div></div></div> <div><b>9404</b> <div><div></div><div></div><div></div></div></div> <div><b>9406</b> <div><div></div><div></div><div></div></div></div> <div><b>9408</b> <div><div></div><div></div><div></div></div></div> <div><b>9410</b> <div><div></div><div></div><div></div></div></div> <div><b>9412</b> 1 <input type="checkbox"/> None in household</div>	
<i>ASK OR VERIFY –</i> <b>c. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?</b>		<b>9414</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4
<b>d. What was the relationship of this (these) person(s) to . . . ?</b> <i>Record for two persons only.</i>		<div>FIRST DEPENDENT</div> <div><b>9416</b> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</div>	<div>SECOND DEPENDENT</div> <div><b>9418</b> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</div>
<b>4. Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?</b> (Form 1040 is blue) (Form 1040A is pink) (Form 1040EZ is green)		<b>9420</b>	1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ X1 <input type="checkbox"/> DK } SKIP to Check Item T14, page 60
<b>5. I am going to mention two forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1994 tax return.</b> <b>(1) Schedule A, Itemized Deductions . . . . .</b>		<b>9422</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>(2) Schedule D, Capital Gains and Losses . . . . .</b>		<b>9424</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK

# Section 5 – TOPICAL MODULES (Continued)

## Part B – TAXES (Continued)

<b>CHECK ITEM T14</b>	Refer to item 1b. Does the respondent have a copy of ...'s Federal income tax form or a worksheet to refer to?	9428	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T15</b>	Refer to item 4. Is "Form 1040" marked?	9430	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8a
<b>CHECK ITEM T16</b>	Is "Schedule A, Itemized Deductions" marked "Yes" in item 5(1)?	9432	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6b
<b>6a. How much were ...'s (and ...'s husband's/wife's) itemized deductions for 1994?</b> (Schedule A, line 29)		9434	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item T17
<b>b. On ...'s Form 1040, did ... (and ...'s husband/wife) claim –</b>  <b>(1) A child and dependent care expense credit</b> ..... (Form 1040, line 41)		9446	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>(2) A credit for the elderly or the disabled</b> ..... (Form 1040, line 42)		9450	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
			(Ask for each credit claimed.) <b>6c. What was the amount of the (Read name of credit) claimed?</b>  9448 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
			9452 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T17</b>	Refer to item 5(2). Is "Schedule D, Capital Gains and Losses" marked "Yes"?	9458	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8a
<b>7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1994?</b> (Form 1040, line 13)		9460	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9461	x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
<b>8a. Adjusted gross income is total income less certain types of adjustments and exclusions. Please look at your tax return or worksheet. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1994?</b> (Form 1040, line 31) (Form 1040A, line 16) (Form 1040EZ, line 5)		9462	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		9463	x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
<b>b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1994?</b> (Form 1040, line 53) (Form 1040A, line 27) (Form 1040EZ, line 9)		9464	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T18</b>	Refer to item 8a. What is the amount of adjusted gross income reported?	9466	1 <input type="checkbox"/> \$23,050 or more – SKIP to Check Item T19 2 <input type="checkbox"/> Less than \$23,050

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES (Continued)

<b>9a. Did . . . claim an earned income credit on . . . 's Federal income tax return?</b>	<b>9472</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to Check Item T19
<b>b. What was the amount of earned income credit claimed?</b> (Form 1040, line 56) (Form 1040A, line 28c)	<b>9474</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>CHECK ITEM T19</b> Refer to cc item 15. Tenure of reference person. Are . . . 's living quarters –	<b>9486</b>	1 <input type="checkbox"/> Owned or being bought? 2 <input type="checkbox"/> Rented for cash? 3 <input type="checkbox"/> Occupied without cash payment?	} SKIP to Statement E, page 62
<b>CHECK ITEM T20</b> Interview status of . . . 's spouse	<b>9488</b>	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to Statement E, page 62	
<b>10a. Did . . . pay any property taxes on . . . 's residence(s) in 1994?</b>	<b>9490</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement E, page 62	
<b>b. Did . . . pay these jointly with someone else living here?</b>	<b>9492</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10d	
<b>c. Who made these joint payments with . . . ?</b>	<b>9494</b>	Person No.      Name <input type="text"/> <input type="text"/> <input type="text"/> _____	
	<b>9496</b>	Person No.      Name <input type="text"/> <input type="text"/> <input type="text"/> _____	
<b>d. What was (your share of) the property tax bill for . . . 's residence(s) in 1994?</b> Obtain estimate, if necessary. (Schedule A, line 6)	<b>9498</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

NOTES

# Section 5 – TOPICAL MODULES (Continued)

## Part C – SCHOOL ENROLLMENT AND FINANCING

**STATEMENT E** → The next few questions are about school enrollment and financing.

**1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)**

9610

- 1 ☐ Yes  
2 ☐ No – *SKIP to Check Item C1, page 64*

**2. At what level or grade was . . . enrolled?**

*(If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)*

9612

- 1 ☐ Elementary grades 1–8  
2 ☐ High school grades 9–12  
3 ☐ College year 1  
4 ☐ College year 2  
5 ☐ College year 3  
6 ☐ College year 4  
7 ☐ College year 5  
8 ☐ College year 6+  
9 ☐ Vocational school  
10 ☐ Technical school  
11 ☐ Business school  
12 ☐ Other or DK

**CHECK  
ITEM T21**

Was . . . enrolled in elementary or high school?

9614

- 1 ☐ Yes  
2 ☐ No – *SKIP to 4*

**3. Was . . . enrolled in a public school?**

*(Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)*

9616

- 1 ☐ Yes – *SKIP to Check Item C1, page 64*  
2 ☐ No

**4. During the past 12 months –**

**a. What was the total cost of . . . 's tuition and fees?**

9618

\$  .  00  
x3 ☐ None  
x1 ☐ DK

**b. What was the total cost of . . . 's books and supplies?**

9620

\$  .  00  
x3 ☐ None  
x1 ☐ DK

**c. Did . . . live away from home while attending school?**

9622

- 1 ☐ Yes  
2 ☐ No – *SKIP to 5a*

**d. What was the total cost for room and board while away at school?**

9624

\$  .  00  
x3 ☐ None  
x1 ☐ DK

NOTES

## Section 5 – TOPICAL MODULES (Continued)

### Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)

<b>5a. Please look at card DD in your pamphlet and tell me if . . . received any of these types of educational assistance during the past 12 months?</b>  <b>Anything else?</b>	<b>9626</b>	x3 <input type="checkbox"/> None – <i>SKIP to</i> <i>Check</i> <i>Item C1</i>		<b>5b. How much did . . . receive?</b>
<b>(1) The GI Bill?</b> . . . . .	<b>9628</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9630</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(2) Other Veterans' Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans' assistance.)</b> . . . . .	<b>9632</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9634</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(3) College Work Study Program?</b> . . . . .	<b>9636</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9638</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(4) A Pell Grant?</b> . . . . .	<b>9640</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9642</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(5) A Supplemental Educational Opportunity Grant (SEOG)?</b> . . . . .	<b>9644</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9646</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(6) A National Direct Student Loan (NDSL) (or Perkins Loan)?</b> . . . . .	<b>9648</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9650</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(7) A Stafford Loan or Guaranteed Student Loan (GSL)?</b> . . . . .	<b>9652</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9654</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(8) A Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)?</b> . . . . .	<b>9656</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9658</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(9) Assistance from . . . 's employer?</b> . . . . .	<b>9660</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9662</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(10) A fellowship or scholarship?</b> . . . . .	<b>9664</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9666</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(11) A tuition reduction?</b> . . . . .	<b>9668</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9670</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>
<b>(12) Anything else (other than assistance from relatives and friends), including the JTPA Training program, Income Contingent Loan, or anything else?</b> . . . . .	<b>9672</b>	1 <input type="checkbox"/> Received		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>9674</b></div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;">\$</div> <div style="margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 40px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>

NOTES

# CALLBACK SUMMARY

## CHECK ITEM C1

Are any items marked on Reminder Card for ...?

5000

- 1 ☐ Yes - Mark appropriate item(s) below, then SKIP to Check Item C2  
2 ☐ No - SKIP to Check Item C2

<input type="checkbox"/>	<b>1. Social Security Number</b> (Enter in cc item 33a)	<input type="text"/> - <input type="text"/> - <input type="text"/>	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>2. Medicare claim number</b> (Item 23b, page 8)	5002 <input type="text"/> - <input type="text"/> - 5004 <input type="text"/> - 5005 <input type="text"/>	
<input type="checkbox"/>	<b>3. EMPLOYER</b> <b>a. Employer #1</b> (Item 8a, page 17) What was the total amount of pay received before deductions on this job in ...?	5006 \$ <input type="text"/> . 00 5008 \$ <input type="text"/> . 00 5010 \$ <input type="text"/> . 00 5012 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>b. Employer #2</b> (Item 16a, page 19) What was the total amount of pay received before deductions on this job in ...?	5014 \$ <input type="text"/> . 00 5016 \$ <input type="text"/> . 00 5018 \$ <input type="text"/> . 00 5020 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>4. SELF-EMPLOYMENT</b> <b>a. Self-employment #1</b> (Item 7, page 21) What was the total amount of income received from this business in ...?	5022 \$ <input type="text"/> . 00 5024 \$ <input type="text"/> . 00 5026 \$ <input type="text"/> . 00 5028 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>b. Self-employment #2</b> (Item 18, page 23) What was the total amount of income received from this business in ...?	5030 \$ <input type="text"/> . 00 5032 \$ <input type="text"/> . 00 5034 \$ <input type="text"/> . 00 5036 \$ <input type="text"/> . 00	Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>5. What was the average amount in savings/Money market deposit accounts/CD's/Interest-earning checking accounts held jointly by husband and wife?</b> (Item 2c, page 48)	Amounts for the period of - <input type="text"/> through <input type="text"/> 5038 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<input type="checkbox"/>	<b>6. What was the average amount in savings/Money market deposit accounts/CD's/Interest-earning checking accounts in own name?</b> (Item 3c, page 48)	5040 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>7. What was the average amount in Money market funds/securities/bonds held jointly by husband and wife?</b> (Item 2c, page 49)	5042 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>8. What was the average amount in Money market funds/securities/bonds in own name?</b> (Item 3c, page 49)	5044 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>9. What was the amount received in dividends by husband and wife jointly?</b> (Item 1b, page 50)	5048 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	<b>10. What was the amount received in dividends in own name?</b> (Item 2a, page 50)	5050 \$ <input type="text"/> . 00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None

# CALLBACK SUMMARY (Continued)

		Business 1	Business 2
<input type="checkbox"/>	<b>11a.</b> What were the gross receipts of this (business/practice) in 1994? (Item 2h, page 55)	<b>9676</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>9682</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>11b.</b> What were the total expenses of this (business/practice) in 1994? (Item 2i, page 55)	<b>9678</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>9684</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	<b>12.</b> What was the net income from this (business/practice) in 1994? (Item 2k, page 56)	<b>9680</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>9686</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM C2</b>	Has an interview been conducted for all household members 15+?	<b>5052</b> 1 <input type="checkbox"/> Yes – Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No – Enter finish time for this household member, THEN interview next 15+ household member	

NOTES

NOTES



INCOME SOURCE LIST			
INCOME LIST			
Code	Type	Code	Type
1	Social Security	28	Child support payments

NOTES

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
11a, Start time (Cover Page).....	1
2-4, 5b, 5c, 6.....	1
Check Item N1 .....	1
Check Item R6 .....	4
Income Roster, 11b, columns (2) and (3).....	5
Check Item R7 .....	4
Asset Roster, 28b, columns (2) and (3) .....	12
Check Item R31 .....	12
11a, Finish time (Cover Page) .....	1

174			U.S. Savings Bonds	
200			VA disability rating of 100%	
201			VA disability rating of less than 100%	

DO NOT FILL